



EMPLOYEE TIMESHEET

Fax To: 317-862-8143

All time sheets due by NOON every SUNDAY
One timesheet per facility

Employee Name:

Title:

Facility:

Department/Unit:

Regular Hours

| Date | Day | Start Time | End Time | *Break Time | Authorization Signature |
|------|-----------|------------|----------|-------------|-------------------------|
| | Sunday | | | | |
| | Monday | | | | |
| | Tuesday | | | | |
| | Wednesday | | | | |
| | Thursday | | | | |
| | Friday | | | | |
| | Saturday | | | | |

** 30 minutes of break time will be deducted if left blank*

On Call Hours

| Date | Day | Start Time | End Time | Called In? Y/N | Call Time Worked | Authorization Signature |
|------|-----|------------|----------|----------------|------------------|-------------------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |

Orientation Hours

| Date | Day | Start Time | End Time | Break Time | Authorization Signature |
|------|-----|------------|----------|------------|-------------------------|
| | | | | | |
| | | | | | |

Employee Signature:

Date:

Additional items/comments: