



# TIMESHEET

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**Week Ending**

Pay periods run from Sunday –Saturday with Saturday being the last day of the pay period. Please fill out your timesheet accordingly.

Employee Name

Client Name

Facility Name (if different from Client name)

Indicate below if any of your hours worked included the following:															
Day	Date	Unit	Time In	Time Out	Less Break	Total Hours	Orient. Hours	In Chg Hours	On Call Hours		Total On Call	Call Back Hours		Total Call Back	Unit/Dept Supervisor Approval (if applicable)
			:	:					IN	OUT		IN	OUT		
Sun			:	:					:	:		:	:		
Mon			:	:					:	:		:	:		
Tue			:	:					:	:		:	:		
Wed			:	:					:	:		:	:		
Thu			:	:					:	:		:	:		
Fri			:	:					:	:		:	:		
Sat			:	:					:	:		:	:		

**TOTALS**

\* Round to the nearest ¼ hour

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Reg
O.T.
Orientation
In Charge
On Call
Call Back

**Employee signature constitutes the following:**

- The above hours were actual hours worked and were verified by a representative of the facility authorized to approve timesheets.
- The above hours need to exactly match any daily time logs used by the facility. Daily time logs used by the facility will supersede hours noted on CMG timesheets and adjustments will be made accordingly.
- Payment for the above hours will be made in accordance with CMG’s policies & procedures for W-2 payroll processing.

**Client signature constitutes the following:**

- The signer is authorized to approve timesheets.
- Acceptance of hours and satisfaction with Employee’s work.
- The above hours match any daily time logs used by facility. .
- Client agrees to provide CMG payment for services according to the terms and conditions of the agreed upon contract. No credits will be given once Employee is paid.

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Employee Signature

\_\_\_\_\_  
Client Signature

**TIMESHEET FAX: (877) 405-0793 – Toll Free**  
 MUST BE **FAXED** BY MONDAY AT 12:00 PM EST  
 Toll Free Phone: 800-995-2673 x1560 (Payroll Dept.)

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Printed Name of Authorized Signature