



Submit via AllShifts when you finish working.

Or, email to timesheet@allshifts.com for processing.

Employee Name (Print) _____

Discipline _____

Facility _____

Sample Entry

MON	07/12	7:00 ^{am} pm	11:04 11:34	3:00 ^{am} pm	7.5	<i>Samantha Avery</i> Samantha Avery
-----	-------	--------------------------	----------------	--------------------------	-----	--

Enter Exact Time - Do Not Round

	DATE MM / DD	TIME IN	MEAL BREAK OUT / IN	TIME OUT	HOURS WORKED	SUPERVISOR SIGNATURE / PRINT NAME
MON		am pm	—	am pm		/
TUE		am pm	—	am pm		/
WED		am pm	—	am pm		/
THU		am pm	—	am pm		/
FRI		am pm	—	am pm		/
SAT		am pm	—	am pm		/
SUN		am pm	—	am pm		/
						Total Hours Worked

IMPORTANT: Complete and submit a timesheet immediately after you finish working in order to be paid. EACH shift MUST be signed by a supervisor. Incomplete, incorrect and unrecognizable timesheet entries will delay the processing of your pay. ALL STAFFING MUST BE DOCUMENTED IN ALLSHIFTS; if you pick up shifts directly with the facility, you MUST inform your AllShifts Account Manager the same day. If you work shifts that are NOT entered into our system, you will not be paid for these shifts until verified by the facility. If you are entitled to multiple meal breaks during a shift, please indicate all times in/out in the same row.

YOU CERTIFY: By submitting this timesheet to AllShifts, I certify that: (a) the hours listed are correct and represent the total hours I worked at this facility, and (b) an authorized facility representative properly verified these hours. By submitting this timesheet to AllShifts, I understand that: (a) any misrepresentation of hours worked or failure to obtain the signature of an authorized facility representative will be considered an attempt to commit fraud and will be prosecuted to the fullest extent of the law, (b) any questionable or illegible information on this document are subject to verification by AllShifts and may result in delayed processing of my pay, and (c) I will be paid upon verification of the above information.

Employee Signature _____ Date _____