



Weekly Timesheet Sunday-Saturday

Instructions: Send your timesheet(s) to:
Email: healthcareresolutions@outlook.com

Or drop off at the office ***DO NOT TEXT YOUR TIMESHEET***

Employee Name _____ **Timesheets are due Saturday at Midnight**
Facility Name _____ **Late Timesheets may be subject to delay in payment and/or \$25 late processing fee*

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Date							
Shift Start Time	AM	AM	AM	AM	AM	AM	AM
	PM	PM	PM	PM	PM	PM	PM
Shift End Time	AM	AM	AM	AM	AM	AM	AM
	PM	PM	PM	PM	PM	PM	PM
Break(s)							
Facility Signature							
Stat Contract Holiday							
Hours worked FOR OFFICE USE ONLY							

Weekly Total Hours FOR OFFICE USE ONLY

Position: Med Aide CNA LPN RN
 Medical Assistant Dietary Aide Cook

Employee Signature _____

Week Ending Date _____

Authorization for Priority Pay

Employee acknowledges that if they falsify times worked, they will be responsible for paying back any over payment and will be subject to disciplinary action and/or termination.

By Signing below, I authorize HealthCare Resolutions to process the shift above with a \$25.00 bank processing fee.

Signature

Date

Priority Pay timesheets **MUST** be to the office by 8:00 am the next business day and **MUST** sign "Authorization for Priority Pay" to the left.

**If your timesheet is not received by the deadline and/or failure to sign, this will result in denial for priority pay and will be paid on the next pay period.

HCR will not be responsible for bank processing times. Employees should be aware of bank policies on ACH deposits. Please refer to the Policy & Procedure Manual.

HOLIDAY AND WEEKENDS WILL DELAY THE PROCESSING TIME

Additional Notes for Payroll: