1ST AMERICARE
HEALTHCARE HEROES OF AMERICA

The filled form (scan or screenshot) needs to be submitted by a picture message to 202-993-4049 (HR, hrcoordinator@1st-americare.com), or fax to 571-639-4695, **by 12pm on Monday.**

Weekly Employee Timesheet

Employee Name: _____

Pay Period Start Date (Monday): _____ Pay Period End Date (Sunday): _____

Day	Date	Time In	Time Out	Total Hours	Comments
Mon.					
Tues.					
Wed.					
Thur.					
Fri.					
Sat.					
Sun.					
		Total Weekly Hours:			

Summary	
Total Hours Worked	
Regular Hours (<=40)	
Overtime Hours (>40)	
Other/PTO/Sick/Comp Hours Used-if any	
TOTAL PAID HOURS	

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Additional Comment/Notes (if needed):

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

By signing above, I (the employee) attest that I took a 30min paid on duty meal break during each shift. I also attest that the hours recorded on this timesheet accurately reflect the time I worked during the period indicated. I certify that all entries are true, complete, and correct to the best of my knowledge. I understand that falsification or misrepresentation of time worked may result in disciplinary action, up to and including termination of employment, and may be subject to further legal or financial consequences.