



Phoenix Employee Timesheet

Client/Facility Name: _____

Employee Name: _____

DAY	DATE	UNIT	IN	LUNCH IN/OUT	OUT	TOTAL HOURS	CLIENT INITIALS
Sunday							
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							

WEEKLY TOTAL: _____

ALL personnel must certify that this form is true and accurate. Please initial: _____

Total daily and weekly hours must be initialed by the client. Time in, time out and lunch time must match client records.

Timesheets must be received by **9:00am** on Monday. **NO EXCEPTIONS.** Drop box is available at the office or you can fax to 602-604-0906.

Employee Signature: _____ Date: _____

Client/Authorized Signature: _____ Date: _____

Please call **602-604-0900** with any questions
fax: 602-604-0906

Office Location:
1130 E Missouri Ave, Suite 750
Phoenix, Arizona 85014

