



SICK TIME -TIMESHEET

Employee Name: _____
Facility/Location: _____

Job Title: _____
Pay Period: _____

FAX TIMESHEET BEFORE NOON TO (818) 831-1126

DAY	DATE	SICK-TIME	TOTAL HOURS
Sunday		Sick	
Monday		Sick	
Tuesday		Sick	
Wednesday		Sick	
Thursday		Sick	
Friday		Sick	
Saturday		Sick	
<u>Week Total:</u>			

DAY	DATE	SICK-TIME	TOTAL HOURS
Sunday		Sick	
Monday		Sick	
Tuesday		Sick	
Wednesday		Sick	
Thursday		Sick	
Friday		Sick	
Saturday		Sick	
<u>Week Total:</u>			

I certify that I have provided complete and accurate information by signing this time sheet.

I understand that it is against company policy to provide false or incomplete information on time sheets.

Was a doctor's note provided? ☐ Yes ☐ NO

Employee Signature

Date

Supervisor Signature

Date