TIMESHEET

HARVEST HEALTHCARE
Experience. Education. Excellence.

Employee Name: _____

Month: _____

Pay Period: _____

Pay Date: _____

DAY	FACILITY	TIME IN	LUNCH	TIME OUT	ADMIN TIME	TOTAL HOURS
8th						
9th						
10th						
11th						
12th						
13th						
14th						
15th						
16th						
17th						
18th						
19th						
20th						
21st						
22nd						

HOURS WORKED	
PTO HOURS	
HOLIDAY HOURS	
TOTAL HOURS	