

LIGHTHOUSE HEALTHCARE SERVICES, LLC

485 Cliff Road
Sewaren NJ 07077

WEEKLY TIMESHEET

Employee Name: _____

Week Ending: _____

Facility Name: _____

Day	Date	Time In	Time Out	Overtime	Break Duration	Hours	Signature	
							Employee	Supervisor
Sunday								
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								
Saturday								
TOTAL HOURS								

*Instructions: Timesheets must be signed by an authorized representative of a client company and submitted by Monday to shea@lighthousemedstaff.com
All fields must be completed accordingly.*