



TIME SHEET (PLEASE COMPLETE AT END OF EACH SHIFT)

Employee Name: _____			Per Diem Daily Pay: _____ Contract/Weekly Pay: _____		
Client Name: _____		Facility Unit: _____		Pay Period Ending Date: ____/____/ 2025 (Sunday's Date = EOW)	

Day	Date	Time In	Meal Break Start Time	Meal Break End Time	Time Out	Hours Worked	Supervisor's Name (Daily)	Supervisor's Title (Daily)	Supervisor's Signature (Daily)
Monday									
Tuesday									
Wednesday									
Thursday									
Friday									
Saturday									
Sunday (EOW)									
Weekly Total Hours									

Employee Certification: I certify that I have personally recorded all the time entries on my time sheet, my time sheet is complete, and the hours and minutes specified on my time sheet, including starting and stopping times, accurately reflect all the time I spent working during this pay period. I understand that I am required to completely and accurately record the hours and minutes I work each day, regardless of when or where I perform that work and regardless of whether or not I was authorized to do so. I certify that I did not work "off the clock," perform work during non-working hours, or work any unauthorized overtime without recording that time on my time sheet or correcting my time entries to include that time. I understand that I must correct any errors before signing my time sheet.

I understand that falsifying time entries, including by not recording all my working time, or working "off the clock," is a violation of company policy. If I falsify any time entries, I may be subject to discipline, up to and including termination. I understand that if I have any questions about the company's timekeeping policies, including recording my working time or correcting my time sheet, I should contact the company's payroll department at timecards@hanstaff.com.

I understand that I am entitled to an unpaid meal period and paid rest breaks in accordance with applicable law, and I certify that, during this pay period, I have been offered the opportunity to take a meal period and rest breaks required under applicable law.

By signing below, I certify that I have carefully reviewed this time sheet and that the hours and minutes recorded, including all start and stop times, completely and accurately reflect all the time I worked during this period. I have not reported more or less time than I actually worked. I have corrected any errors before signing.

Employee signature: _____ **Date:** _____

Client Supervisor Approval: By signing above, Supervisor is certifying that they have reviewed the named employee's time sheet for the pay period and approve it for payroll purposes. I understand that falsifying an employee's time entries, or requesting or requiring, directly or indirectly, that employees falsify their own time entries, including by underreporting their working time (working "off the clock"), is a violation of the agreement between the company and client.