



**CASCADE HEALTHCARE SERVICES**  
 101 Nickerson Street, STE 200  
 Seattle, WA 98109-1620  
 Phone: 206-529-0100  
 Fax: 206-213-4110

# TIME SHEET

Employee Name: \_\_\_\_\_

Week End Date: \_\_\_\_\_

Facility: \_\_\_\_\_

**Please fax no later than 10am Monday to 206-213-4110  
 or  
 Email to: [staffing@chealthcare.com](mailto:staffing@chealthcare.com)**

	Date	Unit / Floor	Start Time	Meals	End Time	Regular Hrs.	Overtime Hrs.	Daily Total	Supervisor Initials
	Sunday								
	Monday								
	Tuesday								
	Wednesday								
	Thursday								
	Friday								
	Saturday								
	<b>Facility Weekly Totals</b>								

Client Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

It is understood and accepted that the authorized signature indicates that the hours worked are correct, the overtime is authorized and the performance was satisfactory.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**A Cascade workweek is from Sunday Day shift to Saturday Night shift.**

**IF YOU WORK OVER THE SCHEDULED HOURS**

- 1. YOU MUST GET THOSE HOURS PRE-APPROVED AND INITIALED BY YOUR SUPERVISOR.**
- 2. THE SUPERVISORS INITIALS ARE REQUIRED IN THE FAR RIGHT BOX ON YOUR SHEET.**