



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**

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

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.**