



Weekly Timesheet

Fax: 419-715-4752
 Email: timesheet@connectrn.com
 Phone: 617-944-1515

Employee Name: _____

Facility Name: _____

Facility Address: _____

	Date	Time In		Break	Time Out		Hours Worked		Other comments	Authorized Facility Signature
	(mm/dd/yyyy)	Hours	Minutes	Minutes	Hours	Minutes	Hours	Minutes		
Sample	01/01/17	7AM	30	30	3PM	30	7	30		
Monday										
Tuesday										
Wednesday										
Thursday										
Friday										
Saturday										
Sunday										
Total Hours										

By signing this timesheet, I certify under Penalty of Perjury that I have carefully reviewed this timesheet and that the hours reported on this timesheet, including all start and stop times, are accurate. I was allowed an uninterrupted meal period that was at least 30 minutes in duration. I have not reported more or less time than I actually worked. I will not sign this time sheet if it is not accurate and will report any inaccuracies to Mike in the connectRN office at 781-223-2852 immediately.

Employee Signature

Date

Authorized Facility Signature

Date

Timesheet MUST be faxed or emailed to the office no later than 9:00a.m. Monday morning. Please fax the Timesheet to 419-715-4752 or email them to timesheet@connectrn.com.

If I have been pressured, coerced, or directed by a supervisor, manager, or anyone else at the above facility to work through any meal period, inaccurately report any time or not report time that I have worked I understand that I must register a complaint to the connectRN office at 781-223-2852.