

Emerald Health Services Weekly Timesheet

Sign and fax timesheet to Emerald **(866-917-5056)** no later than 12:00 (Noon) PST on Monday of the Pay Week

Facility _____ Pay Period Dates _____ through _____

Employee Name _____ Last 4 Digits of SSN _____



Day	Date	Unit	Regular Hours Worked							Special Pay Hours			Remarks	
			Time In	1st Meal Start	1st Meal Stop	2nd Meal Start	2nd Meal Stop	Time Out	Total Hours Worked	On-Call	Call Back	Charge		
								Totals						

By signing this timesheet, I acknowledge that: (1) I was provided the opportunity for my appropriate meal and rest periods during each shift I worked; and (2) the hours stated above are an accurate record of all hours worked during the pay period.

Employee Signature _____ Date _____

Authorized Facility Signature _____ Date _____

Printed Name & Title _____

NOTE: EMERALD CANNOT PROCESS TIMESHEETS WITHOUT AUTHORIZED FACILITY SIGNATURE

USE FRACTIONS OF HOURS:
15 minutes = .25 hours
30 minutes = .50 hours
45 minutes = .75 hours