



35787 Moravian Dr
 Clinton Twsp, MI 48035
 Phone: 586-790-6800
 Fax: 586-790-6801
www.lwwms.com

Employee Name (Please Print)	Pay Period Ending	Hospital	Hospital Unit

Incomplete Timesheets will not be forwarded to the Payroll Department. Please follow instructions shown at the bottom of timesheet.

DAY	DATE	SHIFT	UNIT	TIME IN	LUNCH OUT	LUNCH IN	TIME OUT	TOTAL HOURS WORKED	ON CALL TIME	HOLIDAY HOURS OR O.T.	MANAGER APPROVAL	COMMENTS
SUN												
MON												
TUE												
WED												
THU												
FRI												
SAT												
TOTAL												

EMPLOYEE'S SIGNATURE: _____ **DATE:** _____

SUPERVISOR'S SIGNATURE: _____ **DATE:** _____

- Time sheets must be received by 9:00AM every Monday morning, please fax to 586-790-6801.
- Please fill in time sheet completely, including totals, using .25, .50, .75 for quarter hours
- Hours are paid on the quarter hour. Example: Time in 7:41A would be paid 7:30A, 8:02A would be paid at 8:00A, etc.
- Please list all hours in standard time, Example: Instead of 0700, please list as 7:00A
- If you do not take a lunch break, please write "no lunch" in that column.
- If you work on two different unite during your shift, please list hours worked on each separately,
- If you have question or are having trouble faxing time sheets, please call the office before 9:00A on Monday