



DIAMOND
HEALTHCARE STAFFING
 Specialized staffing. Brilliant results.

Time Sheet

Pay period start date: _____
 Pay period end date: _____

Employee: _____

Manager: _____

| | Date | Location | In | Out | In | Out | Total Hours |
|---------------|------|----------|----|-----|----|-----|-------------|
| Sunday | | | | | | | |
| Monday | | | | | | | |
| Tuesday | | | | | | | |
| Wednesday | | | | | | | |
| Thursday | | | | | | | |
| Friday | | | | | | | |
| Saturday | | | | | | | |
| TOTALS | | | | | | | |

 Employee signature Date

 Manager signature* Date

*** Time Sheet must be signed by the Manager before it will be accepted.**

**** Time Sheet due by Sunday at 8:00 pm**