



WEEKLY TIMESHEET

Please send one timesheet per facility per pay week.

SUBMIT BY MONDAY AT 12:00 NOON EST

Email timesheet@aaahcs.com Fax (800)570-3743

Employee Name _____

Facility (or patient) _____

Position/Discipline* _____

Employees are required to sign in and out. Doing so for another person is not permitted.

	DATE	TIME IN	MEAL	TIME OUT	TOTAL HOURS	SUPERVISOR SIGNATURE / PRINTED NAME
MON		am pm		am pm		/
TUE		am pm		am pm		/
WED		am pm		am pm		/
THU		am pm		am pm		/
FRI		am pm		am pm		/
SAT		am pm		am pm		/
SUN		am pm		am pm		/

Total Hours Worked for Week

IMPORTANT: You must complete and submit a timesheet EACH week by Monday 12:00 Noon EST in order to be paid that Friday. EACH shift MUST be signed by a supervisor. Late timesheets will be processed the following week. Incomplete, incorrect and unrecognizable entries on your timesheet will delay the processing of your paycheck. ALL STAFFING MUST BE DOCUMENTED WITH OUR OFFICE; if you pick up shifts directly with the facility, you MUST inform your Account Manager at ALL AMERICAN HEALTHCARE the same day (via text, email or phone) so that we can put your shifts into our system. If you work shifts that are NOT entered into our system, you will not be paid for these shifts until the following week and only after all shifts have been verified by the facility.

YOU CERTIFY: By submitting this timesheet to ALL AMERICAN HEALTHCARE, I certify that: (a) the hours listed are correct and represent the total hours I worked at this facility for the week, and (b) an authorized facility representative properly verified these hours. By submitting this timesheet to ALL AMERICAN HEALTHCARE, I understand that: (a) any misrepresentation of hours worked or failure to obtain the signature of an authorized facility representative will be considered an attempt to commit fraud and will be prosecuted to the fullest extent of the law, (b) any questionable or illegible information or signatures on this document are subject to verification by ALL AMERICAN HEALTHCARE and may result in delayed processing of my paycheck, and (c) I will be paid upon verification of the above information.

Employee Signature _____ Date _____