



# THERAPEUTIC RESOURCES INC.

**FAX: 888-394-2351**

EMPLOYEE NAME: \_\_\_\_\_

FACILITY	DATE	DAY	A.M.		P.M.		DAILY TOTAL	APPROVAL
			TIME IN	TIME OUT	TIME IN	TIME OUT		
		MON						
		TUE						
		WED						
		THU						
		FRI						
		SAT						
		SUN						
WEEKLY TOTAL								

EMPLOYEE SIGNATURE : My signature below certifies that the hours reported are accurate.

X \_\_\_\_\_

FACILITY SUPERVISOR SIGNATURE:   X   \_\_\_\_\_

**INSTRUCTIONS:**

- Time Sheets are due by the Monday 12:00 pm following the week of work.
- If time sheets are not received by the Monday 12:00 pm following week of work, payroll checks may be delayed for up to two weeks.
- Facility Supervisor signatures are required for each facility worked.
- Employee will not be paid if time sheet does not include Supervisor Signature.
- Employee signature is required certifying that these hours are correct.
- Call us at 866-652-1562 if you have any questions or concerns.