

\*\*\*ATTENTION TRAVELERS\*\*\* Timecards without supervisor signatures will not be accepted



Employee Name: \_\_\_\_\_

Name of Facility: \_\_\_\_\_

Week of: \_\_\_\_\_

Day of Week	Date	Time In	Time Out	less break	Total Reg hours	On Call Start Time	On Call End	On Call Total:	Callback Start Time	Callback End Time	Call Back Total
Sunday											
Monday											
Tuesday											
Wednesday											
Thursday											
Friday											
Saturday											
Total Hours											

Total Regular Hours Worked: \_\_\_\_\_  
 Total Overtime Hours Worked: \_\_\_\_\_  
 Total On Call Hours Worked: \_\_\_\_\_  
 Total Callback Hours Worked: \_\_\_\_\_  
 Total Holiday Hours Worked: \_\_\_\_\_

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

Notes/Comments:

\*\*\*\*\*FAX TIMESHEET TO 402-201-2380 NO LATER THAN 3:00PM ON MONDAY\*\*\*\*\*