



Onward Healthcare

64 Danbury Road
Wilton, CT 06897

(800) 278-0332 phone (855) 866-9696 fax

email: payroll@onwardhealthcare.com

Please FAX no later than midnight - Sunday

Weekly Time Sheet

Employee

Facility

Name: _____

Name: _____

City, ST: _____

City, ST: _____

Pay Period

For Week

Ending

Day	Date	Shift Start Time	Shift End Time	Less Breaks	Regular Hours	Overtime Hours	Holiday Hours	In Charge Hours	On Call	Call Worked
Sunday		AM PM	AM PM	Y N	Minutes					
Monday		AM PM	AM PM	Y N	Minutes					
Tuesday		AM PM	AM PM	Y N	Minutes					
Wednesday		AM PM	AM PM	Y N	Minutes					
Thursday		AM PM	AM PM	Y N	Minutes					
Friday		AM PM	AM PM	Y N	Minutes					
Saturday		AM PM	AM PM	Y N	Minutes					
Total Hours Worked										

Refer-a-Friend and Earn \$500 to \$1000!

Employee Signature _____ Date _____

Facility Approval Signature _____ Title _____ Date _____

Thank-you for confidence in Onward Healthcare. Our employee is presenting this time sheet to you for verification of hours worked and to sign at the end of each week. Your signature therefore indicates your acknowledgement of all the hours worked. Our compensation to our employee is on a weekly basis, and you will be billed accordingly.

<u>Performance Evaluation:</u>	<u>Clinical Competence</u>	<u>Documentation</u>	<u>Communicates Effectively</u>	<u>Adheres to PT Safety</u>	<u>Attendance</u>
0 = Does not Meet Standard					
1 = Meets Standard					
2 = Exceeds Standards					