

# WAYWARD

## Official Timesheet

Email to: [timesheets@waywardmedical.com](mailto:timesheets@waywardmedical.com)  
 Must be submitted by 10:00 a.m. PST Monday

Your Name:	Week Ending Date: (Saturday)
Name of Facility/Unit:	Position Title:

**NO lunches must be approved by facility**

Day	Date	Start Time	Finish Time	Lunch Break	Total Daily Hours	Facility Signature
Sunday						
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
<b>TOTAL HOURS</b>						

\_\_\_\_\_  
 WORKER MUST SIGN HERE

*I certify that the hours shown above represent my total hours worked and that they were properly verified by the facility or an authorized representative*

\_\_\_\_\_  
 AUTHORIZED FACILITY SIGNATURE

**Note:** Falsification of time sheets will result in termination. Illegibility, incomplete information or late submission of time sheets WILL delay payment.