



Employee Time Sheet

Each facility requires a separate time sheet. Complete all fields for processing.

Employee Name: _____ Discipline: _____
Print your full name and discipline

Client Name: _____
*Print facility name * One Facility per time sheet **

| Pay Period: _____ to _____ | | | | | | | |
|--|------|------------|-------------|-------|--------------|----------------------|-------|
| <i>Cyna Med pay period begins Sunday and ends Saturday</i> | | | | | | | |
| | Date | Start Time | Finish Time | Break | Hours Worked | Authorized Signature | Title |
| Sunday | | | | | | | |
| Monday | | | | | | | |
| Tuesday | | | | | | | |
| Wednesday | | | | | | | |
| Thursday | | | | | | | |
| Friday | | | | | | | |
| Saturday | | | | | | | |

Hours worked each day are total hours MINUS 30 minute break.

Supervisor Signature required for each shift

Total Hours Worked

Employee Signature: _____
Employee must sign to acknowledge days worked, shift times, break times and authorized signatures are true and correct
A late time sheet or a time sheet with missing or inaccurate information could delay your weekly pay

Fax# 412-325-3415 · Email: timesheets@CynaMed.com
MUST use CamScanner app selecting the B&W filter to submit time sheet using smart phone

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