



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

Timesheets **MUST** be submitted no later than noon on Monday
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