Meridian SERVICES

Employee Name:

Supervisor Email:

Employee Email:

Pay Period Start Date: End Date: 01/00/0000

DAY	DATE	TOTAL SHIFT HOURS	Sunday Shifts Begin at 12:00 MIDNIGHT Indicate A.M/P.M SHIFT WORKED	Program Consumer
SUN	01/00/0000			
MON	01/00/0000			
TUES	01/00/0000			
WED	01/00/0000			
THU	01/00/0000			
FRI	01/00/0000			
SAT	01/00/0000			

0.00

TOTAL WK 1

Meridian SERVICES

Employee Name:

Supervisor Email:

DAY	DATE	Regular Hours	Asleep Over Night	Unbillable Hours	Orientation Hours $10.08	Training Hours	PTO Hours	Unworked Holiday Hours	Overtime Hours	OT Note	Holiday Premium Hours
SUN	01/00/0000										
MON	01/00/0000										
TUES	01/00/0000										
WED	01/00/0000										
THU	01/00/0000										
FRI	01/00/0000										
SAT	01/00/0000										
	Total WK 1	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00

Meridian SERVICES

Employee Name:

Supervisor Email:

DAY	DATE	TOTAL SHIFT HOURS	Sunday Shifts Begin at 12:00 MIDNIGHT Indicate A.M/P.M SHIFT WORKED	Program Consumer
SUN	01/00/0000			
MON	01/00/0000			
TUES	01/00/0000			
WED	01/00/0000			
THU	01/00/0000			
FRI	01/00/0000			
SAT	01/00/0000			

0.00

TOTAL WK 2

Meridian SERVICES

Employee Name:

Supervisor Email:

DAY	DATE	Regular Hours	Asleep Over Night	Unbillable Hours	Orientation Hours $10.08	Training Hours	PTO Hours	Unworked Holiday Hours	Overtime Hours	OT Note	Holiday Premium Hours
SUN	01/00/0000										
MON	01/00/0000										
TUES	01/00/0000										
WED	01/00/0000										
THU	01/00/0000										
FRI	01/00/0000										
SAT	01/00/0000										
Total WK 2		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00

Total Billable Hours	0.00	Pay Period Total	0.00

Inaccurate or incomplete time sheets will be returned for corrections, which may result in a delay in payment.

Employee Signature

Supervisor's Signature

SUBMIT

Reset