



WEEKLY TIMESHEETS

Fax to 253-503-6201

4115 Bridgeport Way W, Ste A
University Place, WA 98466

Name _____ Title _____ Facility _____

	Date	Start Time	End Time	Break/Lunch	Hours Worked	Supervisor's Signature	Comment
Sunday							
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							

1. Did the employee report to work on time?	
2. Did the employee complete his/her assigned work?	
3. How would you rate his or her performance?	

---Cornerstone Staffing Agency will not Process Paychecks without proper Authorized Signatures---

Timesheet due by Mon 12(noon) each week. Note: Timesheet(s) not received when due will be processed with next payroll. By Signing this timesheet, I acknowledge the above hours are true and accurate.

Employee Signature	
Date	



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