# Employee Time sheet

*Timesheets are the responsibility of the employee and must be signed by the attending supervisor.*

Employee Name:

Address:

Phone: Email:

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Hospital |  | | |
| Date worked |  | | |
| Time In |  | Time Out |  |
| Number of Hours worked |  | | |
| Unpaid Break(s) | Out: | IN: | Minutes: |

Employee Signature:

Name of Hospital Supervisor:

Supervisor Signature: Date:

*The time sheets are to be filled out after each shift is completed. The Supervisor must sign this sheet verifying hours worked. It is the responsibility of the employee to keep this as a receipt of proof of hours worked. Complete Veterinary Team Services will not be held responsible in the event there is a dispute of hours worked and no proof of documentation.*

***Submit time sheet to:*** *CompleteVetServices@gmail.com*