



Facility Name: \_\_\_\_\_

Staff Name: \_\_\_\_\_

Regular Hours Total: \_\_\_\_\_

Overtime Hours Total: \_\_\_\_\_

Week Ending: \_\_\_\_\_

Scheduler: 330-437-1155

After Office Hours (Emergencies): 330-437-1155

Due every Monday by 9am.

Email to: [timesheets@ocalsolutions.com](mailto:timesheets@ocalsolutions.com)

Late timesheets may result in delay of pay.

	Date	Clock IN	Lunch IN/OUT	Clock OUT	Daily Total	Supervisor Signature (Mandatory)	Comments
Monday			/				
Tuesday			/				
Wednesday			/				
Thursday			/				
Friday			/				
Saturday			/				
Sunday			/				

Staff Signature: \_\_\_\_\_