



2821 South Parker Road Suite #1255

Aurora, CO 80014

Phone: 720 – 535 – 1236

Fax: 720 – 535 – 6930

Name: _____

Skill: _____

PLEASE LIST ONLY ONE FACILITY/CLIENT ON THIS SHEET!

Facility: _____

PLEASE PRINT ALL INFORMATION CLEARLY!

Day of the week	Date worked	Start Time	End Time	Hours worked	Lunch (30 min)	Comments
	MM/DD/YY	AM/PM	AM/PM		YES/NO	
Sunday						X
Monday						X
Tuesday						X
Wednesday						X
Thursday						X
Friday						X
Saturday						X

Total Hours worked for the entire week: _____

Employee Signature: _____

I agree by signing that the above information is true and correct

Client Signature: _____

I agree by signing that the above information is true and correct