

SALUS SOLUTIONS LLC

7330 Fern Ave
 Suite 502
 Shreveport, LA 71105
 866.730.0707 / 866.730.0708 FAX

Employee Name: _____

Client Name: _____

Week Ending: _____

Weekly Employee Time Sheet

Day of Week	Time In	Time Out	Meal	Time In	Time Out	Regular Hrs	Overtime Hrs	PTO	Productivity %
Sun									
Mon									
Tue									
Wed									
Thu									
Fri									
Sat									

TOTAL:

Please submit time sheets to SALUS SOLUTIONS by Monday at 12:00. 866.730.0708 FAX

Any OVERTIME must be PRE-APPROVED in writing by SALUS and the FACILITY

 Employee Signature Date

 Manager Signature Date

Reimbursements:

Travel Money: _____

CEUs, License: _____

Miscellaneous: _____