



"Allied Services Division"

Salus Solutions Timesheet

***To be paid on time, timesheets must be received by Tuesday at noon central time ***

Employee Name: _____

Social Security #: _____

Facility: _____

Department: _____

Pay Period Week ending: _____

Day	HOURS	OVERTIME/CALL BACK /HOLIDAY	ON CALL	SHIFT DIFFERENTIAL
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				
Total Hours				

By signing below I attest that these hours are correct and verified by the proper employee of the facility.

Employee Signature

Supervisor/Manager Signature
