

MONARCH INDEPENDENT LIVING SERVICES

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

Pay Period: \_\_\_\_\_

Date:	16			17			18			19			20			21			22			23			TOTAL
	In	Out	Total	In	Out	Total	In	Out	Total	In	Out	Total	In	Out	Total	In	Out	Total	In	Out	Total	In	Out	Total	
Name:																									
Name:																									
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Name:																									
Name:																									
Name:																									
Name:																									
Breaks																									
Cancel- lations																									
TOTAL																									

Please alphabetize and organize names the same on each side of the timesheet.

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

\_\_\_\_\_  
Director's Signature

MONARCH INDEPENDENT LIVING SERVICES

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

Pay Period: \_\_\_\_\_

Date:	24			25			26			27			28			29			30			31			TOTAL	Shift Notes
	In	Out	Total	In	Out	Total	In	Out	Total	In	Out	Total	In	Out	Total	In	Out	Total	In	Out	Total					
Name:																										
Name:																										
Name:																										
Name:																										
Name:																										
Name:																										
Name:																										
Name:																										
Breaks																										
Cancel- lations																										
<b>TOTAL</b>																										

Please alphabetize and organize names the same on each side of the timesheet.

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

\_\_\_\_\_  
Director's Signature