



HEALTH DIMENSIONS REHABILITATION, INC.
TIME SHEET

NAME _____ TITLE _____ PAY PERIOD ENDING _____

Date																				
In																				
Lunch																				
Out																				

NURSING HOME	DEPARTMENT LOCATION	TYPE OF HOURS																			PAY PERIOD TOTAL	MILEAGE TOTALS	
		Regular																					
		Regular																					
		Regular																					
		Driving																					
		Miles																					
CONTRACTS		Regular																					
		Driving																					
		Miles																					
HOURLY		Regular																					
		Driving																					
		Miles																					
HOME VISITS	HDR Home Visits	Reg. & Driving																					
		Miles																					
	Holiday																						
	Vacation																						
	Personal																						
	Continuing Ed.																						
	TOTAL																						

LOCATION(S): _____

TOTAL UNITS THIS PERIOD _____

TOTAL DEPT. HOURS WORKED _____

OVERTIME APPROVED BY _____

DATE _____

TIME SHEET APPROVED BY _____

DATE _____

FOR OFFICE USE ONLY

Regular _____

Overtime _____

Holiday _____

Other _____

Vacation _____

Personal _____