



Fax: 407-245-2802

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Time Sheet

Name:

New Mailing Address?
.....

City: State: Zip Code:

- 1- Pay period runs from Sunday to Saturday weekly.
- 2- Checks are issued and mailed out every Friday for the previous work week.

Comments:

Day	Date	Pharmacy Name & Site (store #)	Client/ Pharmacy Signature	Start	Finish	Lunch	Total Hours
Sunday							
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Total Weekly Hours:							

I certify that I have worked the hours as listed above.

Signature: