

168 W. Ridge Pike  
Suite 101B  
Limerick, PA 19468

WA-Medical Services Timesheet  
Month:

Pay period Start Date: \_\_\_\_\_  
Pay Period end Date: \_\_\_\_\_  
Employee Phone: \_\_\_\_\_  
Employee e-mail: \_\_\_\_\_

Date	Time in:	Lunch Out:	Lunch In:	Time Out:	Total Hours	Date	Time In:	Lunch Out	Lunch In:	Time Out:	Total Hours:
1						16					
2						17					
3						18					
4						19					
5						20					
6						21					
7						22					
8						23					
9						24					
10						25					
11						26					
12						27					
13						28					
14						29					
15						30					
						31					

Employee \_\_\_\_\_

Manager Signature \_\_\_\_\_

Date: \_\_\_\_\_