



# EMPLOYEE TIME SHEET

EMPLOYEE NAME: \_\_\_\_\_

SSN # (LAST 4 DIGITS ONLY): \_\_\_\_\_

476 W 325 S  
Bountiful, UT 84010

FACILITY NAME: \_\_\_\_\_

CITY/STATE: \_\_\_\_\_

*Reminder: Don't forget to  
'swipe' or use any Kronos  
system.*

Day	Date	Unit	Time In	Time Out	Lunch	Regular Hours	OT	Holiday	Orientation	On-Call	Call-Back	Charge Nurse	Called Out	DAILY TOTAL	Hospital Rep. Initials
SUN															
MON															
TUE															
WED															
THU															
FRI															
SAT															
<b>WEEKLY TOTAL</b>															

Employee Signature: \_\_\_\_\_

Hospital Representative Signature: \_\_\_\_\_

**Hospital Rep. Initials Required for any OT (Over 40/hrs/week) or Guaranteed Hours**

**TIME CARDS ARE DUE BY 4PM MST ON MONDAY EACH WEEK.**