

FACILITIES STAFF WORK SCHEDULE

INSTRUCTIONS: This form is to be completed by the licensing evaluator and reviewed by the licensing supervisor.

The purpose of this form is to review staff coverage during a three-week period to ensure sufficient staff coverage. CAREFULLY review split shifts, and irregular days off to ensure sufficient staff coverage.

FACILITY NAME		FACILITY NUMBER		FACILITY TYPE		FACILITY CAPACITY															
CLIENT/RESIDENT CENSUS		LICENSING EVALUATOR		DATE																	
For the Month(s) ____ 20 ____	Enter Dates of Week						Enter Dates of Week						Enter Dates of Week								
	Sun	Mon	Tue	Wed	Thurs	Fri	Sat	Sun	Mon	Tue	Wed	Thurs	Fri	Sat	Sun	Mon	Tue	Wed	Thurs	Fri	Sat
SERVICE AREA/ WORK TITLE		Enter Work Hours						Enter Work Hours						Enter Work Hours							
1. Care and Supervision (e.g., Aides) Employee Name(s)																					
2. Food Services (e.g., cook, dishwasher) Employee Name(s)																					
3. Housekeeping (e.g., Maid) Employee Name(s)																					
4. Administrative/Clerical Staff Employee Name(s)																					

FACILITY NAME/NUMBER

FACILITY STAFF WORK SCHEDULE (continued)

For the Month(s) ____ 20__

Enter Dates of Week

Enter Dates of Week

Enter Dates of Week

SERVICE AREA/ WORK TITLE

Sun Mon Tues Wed Thurs Fri Sat Sun Mon Tues Wed Thurs Fri Sat Sun Mon Tues Wed Thurs Fri Sat

4. Administrative/Clerical Staff

Employee Name(s) (continued)

Enter Work Hours

Enter Work Hours

Enter Work Hours

5. Transportation/Maintenance

Employee Name(s)

6. Other (specify other service areas)

Employee Name(s)

Conference of Seventh-day Adventists

NON-EXEMPT EMPLOYEE TIME SHEET

INSTRUCTIONS: Non-exempt employees must record all of their time worked for each working day, including their actual starting and stopping times and the times of any meal breaks. If special circumstances require an employee to work during an unpaid meal break, or a meal break is interrupted by work, the employee must record the actual time worked during the meal break and have that entry initialed by their supervisor. If non-exempt employees' working time is substantially interrupted by partial-day or full work day absences, such as for illness, doctor's appointments or other absences from work, employees should record the actual time he/she leaves and returns to work.

EMPLOYEE: _____

DATE	START TIME	MEAL BREAK OUT	MEAL BREAK RETURN	END TIME	HOLIDAY	VACATION	OTHER ABSENCES	Total Work Time
Example	8:15 a.m.	12:10 p.m.	12:40 p.m.	5:35 p.m.				
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2.								
3.								
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31.								

EMPLOYEE CERTIFICATION: I certify that this time sheet fully and accurately records all of my hours worked during the covered time period. I have included on this time sheet all working time, including any overtime during any work week. I have not omitted any time worked from this time sheet. I understand that false, incomplete, misleading or omitted information on this time sheet will result in disciplinary action, up to and including dismissal from employment.

EMPLOYEE SIGNATURE: _____

SUPERVISOR SIGNATURE: _____