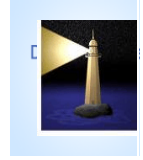


# Weekly Time Sheet

**LIGHTHOUSE NURSING, INC**

328 ANTELOPE TRAIL  
 KILLEEN, TEXAS 76542  
 254-368-7410  
 FAX 254-501-9206  
 EMAIL LIGHTHOUSESENS@AOL.COM



Week Ending:

<b>Employee Name:</b>		<b>Title:</b>	
<b>I.D. No.:</b>		<b>Supervisor Signature:</b>	
<b>Hospital</b>			

Day	Date	Unit	Lunch	IN	OUT	Hours work	Comments/Signature	Total Hrs.
Mon								
Tue								
Wed								
Thu								
Fri								
Sat								
Sun								
<b>Weekly Totals</b>								

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

Date