

**THERAPY EMPLOYEE FACILITY TIME SHEET**  
**(NOT for use in NYC DOE schools)**

\*Please complete and email this timesheet to [TherapyEmployeeTimesheets@nportstaffing.com](mailto:TherapyEmployeeTimesheets@nportstaffing.com) by every Saturday. Please confirm that the timesheet was received with

[TherapyEmployeeTimesheets@nportstaffing.com](mailto:TherapyEmployeeTimesheets@nportstaffing.com)

\*\* The workweek begins 12:00 AM on Sunday and ends 11:59 PM on Saturday and as such is paid per the payroll calendar. All hours done past Saturday 11:59 PM are paid in the following workweek/pay period which starts every Sunday 12:00 AM. Overtime rate is only paid for all hours worked past 40 hours during a workweek.

**PLEASE PRINT CLEARLY.**

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

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

TITLE (Please circle one): **PT PTA OT OTA COTA SLP CFY TECH TRANSPORTER**

<u>DATES OF SERVICE</u>	<u>SHIFT START TIME</u>	<u>LUNCH (IN)</u>	<u>LUNCH (OUT)</u>	<u>SHIFT END TIME</u>	<u>TOTAL HRS WORKED</u>	<u>SUPERVISOR SIGNATURE</u>
SUN:		_____	_____			
MON:		_____	_____			
TUES:		_____	_____			
WED:		_____	_____			
THURS:		_____	_____			
FRI:		_____	_____			
SAT:		_____	_____			

OVERTIME APPROVED ☐ YES ☐ NO  
SUPERVISOR SHIFT ☐ YES ☐ NO

\_\_\_\_\_  
Authorized Client Representative's Printed Name

\_\_\_\_\_  
Authorized Client Representative's Title

\_\_\_\_\_  
Authorized Client Representative's Signature

\_\_\_\_\_  
Date of Authorized Client Representative's Signature

\_\_\_\_\_  
NPORT Employee's Signature

\_\_\_\_\_  
Date of Employee Signature

- ❖ ALL OVERTIME MUST BE APPROVED BY FACILITY STAFF PRIOR TO SHIFT BEING WORKED
- ❖ ALL SHIFTS / SCHEDULES MUST BE CONFIRMED BY FACILITY STAFFING PERSONNEL