



Health Dimensions Rehabilitation, Inc.
Time Sheet

NAME:

TITLE:

PAY PERIOD ENDING:

Date	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15		
	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
In																	
Lunch																	
Out																	
DEPARTMENT LOCATION	TYPE OF HOURS															PAY PERIOD TOTAL	MILE-AGE TOTAL
	Regular																
	Drive Time																
	Admin																
	Miles																
	Regular																
	Drive Time																
	Admin																
	Miles																
	Regular																
	Drive Time																
	Admin																
	Miles																
	Regular																
	Drive Time																
	Admin																
	Miles																
	Regular																
	Drive Time																
	Admin																
	Miles																
Holiday																	
Personal Time																	
Vacation Time																	
TOTAL																	