



PROFESSIONAL THERAPY & REHAB SERVICES TIME SHEET

**Professional Therapy &
Rehab Services, Inc.**
5725 Corporate Way, Suite 108
West Palm Beach, FL 33407

Toll Free Phone: 1-800-807-7117
Phone: 1-561-689-2774
Fax: 1-561-689-2674
Email: PTNREHAB@AOL.COM

Total Hours Worked

I certify that the hours shown above represent my total hours worked and that the Facility's director and/or appointed supervisor has given approval of and initiated the authorization of said hours.

NOTE: Overtime will only be paid if approved in writing by facility representative.

Supervisor Initials

Clinician Name: _____

Classification:

PT:

PTA:

OT:

COTA:

SLP:

Check Delivery:

MAIL:

HOLD:

For Week Ending: _____

Facility: _____

Supervisor Name: _____

Supervisor Signature: _____

Date: _____

| Date | Day | Start Time | End Time | Off Time | Total Hours |
|------|-----------|------------|----------|----------|-------------|
| / | Sunday | | | | |
| / | Monday | | | | |
| / | Tuesday | | | | |
| / | Wednesday | | | | |
| / | Thursday | | | | |
| / | Friday | | | | |
| / | Saturday | | | | |

Employee Signature: _____

Date: _____

Completed time sheets must be faxed to the office no later than 12:00 noon on Monday. Payment for any time sheet arriving after 12:00 noon on Monday will delay payroll until the following pay period. Time sheets **MUST** be signed by the respective employee and facility/company representative to be considered for payment of services rendered.