



**Magnificus Corporation**

“We Strive to Beat Expectations”

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**Name:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

**Position/Specialty:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Location/Facility:** \_\_\_\_\_

**Week of:** \_\_\_\_\_

DAY	DATE	TIME IN	LUNCH OUT	LUNCH IN	TIME OUT	TOTAL HRS	HOLIDAY	PAID TIME OFF	LWOP
Sun.									
Mon.									
Tues.									
Wed.									
Thurs.									
Fri.									
Sat.									
<b>Total:</b>									

**EMPLOYEE SIGNATURE:** \_\_\_\_\_

**FACILITY SIGNATURE:** \_\_\_\_\_

**INSTRUCTIONS:** This timesheet should cover only one week pay. Please fax this timesheet to 1-(888-829-2131) or email to [magnificus.timesheets@gmail.com](mailto:magnificus.timesheets@gmail.com)