

SOUTHERN HEALTHCARE AGENCY, INC.  
WEEKLY PAYROLL SUMMARY  
FAX TO (601) 933-0067

Week of \_\_\_\_\_ through \_\_\_\_\_

	Start	Lunch Out	Lunch In	End Time	Daily Total	*Client Signature
Monday	_____	_____	_____	_____	_____	_____
Tuesday	_____	_____	_____	_____	_____	_____
Wednesday	_____	_____	_____	_____	_____	_____
Thursday	_____	_____	_____	_____	_____	_____
Friday	_____	_____	_____	_____	_____	_____
Saturday	_____	_____	_____	_____	_____	_____
Sunday	_____	_____	_____	_____	_____	_____

Total Straight Hours: \_\_\_\_\_ Total Overtime Hours: \_\_\_\_\_

Employee Name: \_\_\_\_\_

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

Client Verification:

Total weekly hours: straight time \_\_\_\_\_ overtime: \_\_\_\_\_

Client Signature: \_\_\_\_\_

\* Optional