

BIWEEKLY WELLNESS TIMESHEET

(Wellness employees Only)

Due to your Supervisor/Manager on Monday the week before payroll

EMPLOYEE NAME: _____ TIME PERIOD COVERED: _____ TO _____

	WEEK 1							Week 1 Total	WEEK 2							Week 2 Total	Biweekly Total
	SUN	MON	TUES	WED	THURS	FRI	SAT		SUN	MON	TUES	WED	THURS	FRI	SAT		
Date																	
Senior Clinics Denver-21, C Springs 31								0.00								0.00	0.00
Senior Clinic Support (banking, emails, calls, travel time)								0.00								0.00	0.00
Corporate Wellness Denver-22, C Springs-32								0.00								0.00	0.00
Corporate Wellness-Lead Denver-22, C Springs-32								0.00								0.00	0.00
Corporate Wellness Support (banking, emails, calls, travel time)								0.00								0.00	0.00
Flu Clinics (Regular) Denver-24, C Springs 34								0.00								0.00	0.00
Flu Clinics w/ Shift Diff* Denver-24, C Springs-34								0.00								0.00	0.00
Meetings, Training								0.00								0.00	0.00
TOTAL HOURS	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Miles (must have insurance on file)								0.00								0.00	0.00

Employee's Signature

Date

Supervisor's Signature

Date

*Hours worked after 5 PM and
before 8 AM

FAX to: Theresa Thomas or Debbie Deboalt
Wellness Department COSP Wellness
303-698-6433 719-577-4082

All hours must be reported
in 1/4 hour increments
i.e. 1/4 hour = 0.25 hour

May 2009