

PIPELINE HEALTH WEEKLY TIMESHEET

STAFF NAME: _____

HOSPITAL SITE: ☐ Coast Plaza Hospital ☐ Memorial Hospital of Gardena
☐ East Los Angeles Doctors Hospital ☐ Community Hospital of Huntington Park

DAY	DATE	UNIT WORKED	START	MEAL START	MEAL END	END	TOTAL HOURS WORKED <small>excluding break*</small>	SHIFT VERIFICATION <small>AUTHORIZED MANAGER/TEAM LEADER</small>	
								PRINT NAME	SIGNATURE
SUN	___/___/2025								
MON	___/___/2025								
TUE	___/___/2025								
WED	___/___/2025								
THURS	___/___/2025								
FRI	___/___/2025								
SAT	___/___/2025								

PLEASE
NOTE

- All shifts must be approved by the hospital—timesheets without a signature may lead to payment delays. If your timesheet is not submitted in time for payroll processing, your payment may be postponed until the next pay period.
- Any corrections on the timesheet must be initialed by the hospital.
- Submit timesheets for processing by 9 AM on Monday via email to payroll@sablecorporation.com
- If you skip a meal break during your shift, complete a hospital meal waiver form & have it signed by your hospital team lead. Then please send to payroll@sablecorporation.com
- Always use the hospital's on-site clocking system (kiosks, nursing sign-in books, etc.), as we verify our records with theirs.

Blank Timesheets
available to download & print at:
www.sablecorporation.com/timesheets