



COASTAL

Health Care Systems Inc

COASTAL Health Care Systems Inc

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www.coastalhealthcaresystems.com

Front Desk: TEL +832-603-3773 TEL +832-275-0994

FAX: 1-888-711-2314

2025 TIMESHEET

Patient Name: Medical Record#:

Clinician: Title:

DAY	DATE	TIME IN	TIME OUT	TOTAL HOURS WORKED	CLINICIAN'S INITIAL
SUNDAY					
MONDAY					
TUESDAY					
WEDNESDAY					
THURSDAY					
FRIDAY					
SATURDAY					
SUNDAY					
MONDAY					
TUESDAY					
WEDNESDAY					
THURSDAY					
FRIDAY					
SATURDAY					
TOTAL HOURS					

Parent/Caregiver Signature: _____ Date: _____

PLEASE KEEP IN MIND THIS TIMESHEET IS ONLY FOR ONE PATIENT AT A TIME OVER A 2-WEEK PERIOD, AND MUST BE TURNED IN ON TUESDAY BEFORE 5 PM OF PAY WEEK TO GET PAID.

SEND TIMESHEETS TO coastalhealthcaresystems@yahoo.com



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PAYROLL CALENDAR FOR 2025

KEEP IN MIND IF NO TIMESHEET & NURSE NOTES SUBMITTED BEFORE 5PM ON TUESDAY OF PAY PERIOD YOU WILL NOT GET PAID UNTIL NEXT PAY PERIOD

BEGIN DATE	END DATE	NURSES NOTES & TIMESHEET DUE DATES	PAY DAY (DUE PAY DATE)

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