

You **MUST** have this Timesheet signed by the client at the end of each shift every day.
 Email to: accounting@healthsourceglobal.com OR Fax to: (866) 908-2914
 Submission deadline is on or before 12 noon on Sundays.



TIMESHEET

Name: _____ Last 5 SSN: _____

PLEASE PRINT CLEARLY AND ACCURATELY

Position: _____

On Call?	Call in?											Rest Break Not Provided. Supervisor's Initials:	
		Location: _____											
		DATE	TIME		MEAL BREAK?	TIME		MEAL BREAK?	TIME		TOTAL HOURS		SUPERVISOR SIGNATURE
IN	OUT		IN	OUT		IN	OUT						
		Sample Entry	0700	1100	Y/N	1130	1530	Y/N	1600	1930	11.5	Sample Signature	
					Y/N			Y/N					
					Y/N			Y/N					
					Y/N			Y/N					
					Y/N			Y/N					
					Y/N			Y/N					
					Y/N			Y/N					

PAYCHECK WILL BE SENT TO THE ADDRESS ON YOUR W-4

ACCOUNTING USE ONLY

I CERTIFY THAT THE INFORMATION ON THIS TIMESHEET IS TRUE AND ACCURATE.

- REG _____
- OT _____
- DBL _____
- ON CALL _____
- CALL IN _____
- CHRG _____
- PMM _____
- PMR _____

EMPLOYEE SIGNATURE _____

DATE _____