

You **MUST** have this Timesheet signed by the client at the end of each shift every day!

FAX TO: (866) 908 2914



TIMESHEET

Name: _____ Last 5 SSN: _____

PLEASE PRINT CLEARLY AND ACCURATELY!

Position: _____

On Call?	Call In?	Location: _____										Rest Break Not Provided.	
		DATE	TIME		MEAL BREAK?	TIME		MEAL BREAK?	TIME		TOTAL HOURS	SUPERVISOR SIGNATURE	Supervisor's Initials:
			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 _____