

You **MUST** have this Timesheet signed by the client at the end of each shift every day.  
 Email to: [accounting@healthsourceglobal.com](mailto:accounting@healthsourceglobal.com) OR Fax to: (866) 908-2914  
 Submission deadline is on or before 8 AM on Mondays.



# TIMESHEET

Name: \_\_\_\_\_

Last 5 SSN: \_\_\_\_\_

PLEASE PRINT CLEARLY AND ACCURATELY												Position: _____	
On Call?	Call in?	Location: _____										Rest Break Not Provided. Supervisor's Initials:	
		DATE	TIME		MEAL BREAK?	TIME		MEAL BREAK?	TIME		TOTAL HOURS		SUPERVISOR SIGNATURE
			IN	OUT		IN	OUT		IN	OUT			
		Sample Entry	0700	1100	<input checked="" type="radio"/> Y / N	1130	1530	<input checked="" type="radio"/> 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					

<b>PAYCHECK WILL BE SENT TO THE ADDRESS ON YOUR W-4</b>						<b>ACCOUNTING USE ONLY</b>					
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 _____					