



EMPLOYEE NAME: _____ Page: _____ of _____

RECRUITER: _____

FACILITY: _____

PAY PERIOD: _____ TO _____

PLEASE FAX TIME SHEETS WEEKLY TO 877-309-5038 BY 12:00 AM EASTERN TIME (9:00 PM PACIFIC TIME) SUNDAY

Time Sheets received later than 12:00 AM Eastern Time (9:00 PM Pacific Time) Sunday may be delayed for processing.

DAY	DATE	UNIT	Time In (1)	Time Out (1)	Minus Break (2)	Total	On Call (3)	Call Back (3)	Comments (4)
SUN									
MON									
TUES									
WED									
THURS									
FRI									
SAT									

I authorize payment of hours noted on this time sheet:

Supervisor Signature Date Supervisor Name (Please Print)

Employee certifies all hours noted on this time sheet are accurate and no accident or injury was sustained while working on the assignment unless noted below.

Employee Signature Date

- (1) Please use the quarter hour rule when calculating total hours. **15 MIN = .25HRS 30 MIN = .50HRS 45 MIN = .75HRS**
- (2) You are required to fill in your break time. If you did not have a break, place a Zero in the box. If it is left blank, payroll will assume a half hour break.
- (3) Only put "on call" hours in the "on call" column. If you were "called back", please only include these hours in the "call back" column. Please indicate IN and OUT times.
- (4) Please use this section to write any additional information needed that would be helpful for payroll, such as "charge time" or holiday.