



EMPLOYEE NAME: _____ Page: _____ of _____

RECRUITER: _____

FACILITY/SCHOOL: _____

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	Time In	Time Out	Minus Break	Total Hours	Comments
MON						
TUES						
WED						
THURS						
FRI						

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

(*) Please note that regardless of time in/out - you will only be paid your contracted rate. If your contracted rate is not a round number, use the quarter hour rule when calculating total hours.

15 MIN = .25HRS 30 MIN = .50HRS 45 MIN = .75HRS

For example: 7 and 1/2 hours per day would = 7.5 hrs