



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