

TIME SHEET

Name:			Title:		Were MSDS and OSHA Manuals Reviewed? <input type="checkbox"/> Yes <input type="checkbox"/> No		Client #	
Location:			Status:(√) <input type="checkbox"/> Clinical <input type="checkbox"/> Consultant		Check Distribution: (√) <input type="checkbox"/> Mail <input type="checkbox"/> Direct Deposit		Office#	
Department:			PO#:		Week Starting:		Week Ending:	
Day/Date		Start Time	End Time	Less Meal	Reg. Hrs.	OT/Holiday Hrs.	Total Hrs.	Client Signature/Initials
Sun								
Mon								
Tue								
Wed								
Thu								
Fri								
Sat								
During this pay period, if you sustained an accident or injury while working on assignment, please check below: Yes <input type="checkbox"/>				Weekly Totals:				*Signature certifies that this form is true and accurate
Employee Signature:					*Client Signature:			
Please be sure to have your supervisor sign your time sheet. ALL overtime must be filled out correctly and approved by your supervisor.								



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Time Sheet Usage Procedure

Time worked shall have all minutes of the hour totaled by the quarter of an hour (see time conversion schedule below). All hours worked each week by each employee will be paid weekly. Time worked shall be detailed and totaled on the time sheet and must be signed on a weekly basis by each designated area supervisor or the designated authorized facility representative.

Signed timesheets shall be faxed to 937-490-8251 at end of work week on Friday, but no later than 8:00 am on each Monday following the previous work week. Timesheets received after 8:00 am on Mondays will be processed for the following week.

QUARTER OF AN HOUR CONVERSION SCHEDULE

Minutes	Round to
:00-:07	.00
:08-:22	.25
:23-:37	.50
:38-:52	.75
:53-:60	1.00