



Healthcare People Resources
Staffing | Consulting

Payroll Fax: 937-854-5941

Dunson Corporate office:
7002 Tamarack Ct.
Clayton, Ohio 45315
Ph: 937-854-5940

24hour/Staffing On-call Number: 937-668-4103

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
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.				By approving this timesheet, Subcontractor agrees that the temporary employee worked the hours indicated and performed satisfactorily, and that we (Dunson & Associates) agree to pay Subcontractor's invoice for these hours according to the previously determined hourly rate.			

White Copy – Dunson & Associates, Inc.

Yellow Copy – Client

Pink Copy – Subcontractor

Green Copy – Employee/Consultant