HEALTH FORCE

FULL SPECTRUM STAFFING

First Name Last Name Facility :

From: _____ To: _____

Beginning Week Date Ending Week Date

	Date	Time In		Lunch		Time Out		Regulars Hours		Overtime Hours		Call Hou Worked		On Call Not Worked	
		Hour	Minutes	Hour	Minutes	Hour	Minutes	Hour	Minutes	Hour	Minutes	Hour	Minutes	Hour	Minutes
Sunday			:		:		:		:		:		:		:
Monday			:		:		:		:		:		:		:
Tuesday			:		:		:		:		:		:		:
Wednesday			:		:		:		:		:		:		:
Thursday			:		:		:		:		:		:		:
Friday			:		:		:		:		:		:		:
Saturday			:		:		:		:		:		:		:

Record all time to the nearest quarter hour (.00, .25, .50, .75)

Fax timesheet no later than midnight Sunday, to 800-811-6642. Payroll will be delayed by one week if received after deadline.

Employee Signature * **Date**

* My signature certifies the above hours are accurate and reflect actual hours worked. I did not call off to any scheduled hours and was available for work all week. Failure to indicate time called off may result in payroll adjustment

Authorized Client Signature ** **Date**

** I agree that the above reported hours are accurate to the best of my knowledge.

Total Regular Hours	
Total Overtime Hours	
Total Call Hours	
Total Call Not Worked	

Checks will automatically be mailed to the permenant address reported on your W4 unless you request otherwise.

Request alternate address:

Overnight check?($15.00 fee) Y N