

TIME SHEET



CLIENT NAME

EMPLOYEE NAME (PLEASE PRINT)

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
Date								
Time In								
Time Out								
Unit								
Staff Approval								

Employee Signature - I attest that the listed times are factual to the best of my knowledge. I understand that any hours contested by the facility may, pending investigation, be deducted from a future paycheck or reimbursed to Expedient Medstaff.

Fax To: 734-225-2115 or 877-329-2115

Please fax time sheet no later than Monday morning at 11 a.m. E.S.T. to guarantee prompt payment