



Timesheet

Employee Name: _____

Week Ending Date _____

*Employee Signature: _____

Client Name	Facility Name	**Authorized Client Signature

***Employee:** I certify that the hours shown accurately represent my total hours worked on this assignment during the week reported and that they were properly verified by an authorized representative of the client. By signing this timesheet, I verify that i have reported any accident or injuries during this pay period.

****Client:** The hours shown on this timesheet are correct. By signing this client approval, we acknowledge our receipt and acceptance of general conditions of assignment and the terms of payment.

Round time to the nearest quarter hour

Day	Date (mm/dd)	***Work mode				Dept/Unit	Time In	Time Out Break	Time In Break	Time Out	Total Hours	Supervisor approval
		R	C	H	T							
Sun												
Mon												
Tue												
Wed												
Thur												
Fri												
Sat												

***Work Mode: R=Regular and Overtime, C=Charge, H=Holiday, T=Training and Orientation

Total hours	
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To ensure ample time to process payroll, all time sheets must be submitted no later than 12PM on Monday following your shift week. Time sheets received after 12PM Monday, following your shift week, will be processed in a subsequent payroll week.

Please submit timesheets to payroll@levelonepersonnel.com OR fax to (410) 884-5880.