



Medical Staffing Solutions
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****Always call during business hours to confirm receipt****

Weekly Time Sheet

*****ONE TIME SHEET FOR EACH FACILITY*****

Employee Name: _____
 Facility Name: _____
 Specialty/Area: _____

| Day | Date | Shift Begin Time | Break Begin Time | Break End Time | Shift End Time | Total Regular Hours | Facility Supervisor Initials | **Note** Overtime/ Holiday/ Premium Hours | **Initial When** 'No Lunch Taken' |
|-----------|------|------------------|------------------|----------------|----------------|---------------------|------------------------------|--|---|
| Sunday | | | | | | | | | |
| Monday | | | | | | | | | |
| Tuesday | | | | | | | | | |
| Wednesday | | | | | | | | | |
| Thursday | | | | | | | | | |
| Friday | | | | | | | | | |
| Saturday | | | | | | | | | |

By signing this timesheet, I certify that my time is correct and that I did not incur any injuries during these assignments. If I did sustain an injury, I have notified _____ (Name) at _____ (Time) _____ (Date) within an hour of the injury/occurrence.

Employee Signature: _____
 Facility Signature: _____ Initials: _____ Date: _____
 Facility Signature: _____ Initials: _____ Date: _____
 Facility Signature: _____ Initials: _____ Date: _____

<Use for multiple shifts at same facility>