

Cirrus Medical Staffing

309 East Morehead Street
Suite 200
Charlotte, NC 28202



Employee Name _____

Facility _____

Week Ending _____
(Saturday's date)

NEW

TIMESHEET FAX: 800-506-5309

Timesheets are due Monday at 12 noon EST

Day	Date	Time In	Time Out	Lunch (# minutes)	Regular Hours (not incl. lunch)	Overtime	Holiday	On Call	Call Back	Charge	Mileage
Sunday		:	:								
Monday		:	:								
Tuesday		:	:								
Wednesday		:	:								
Thursday		:	:								
Friday		:	:								
Saturday		:	:								
TOTAL											

Timesheet instructions:

- Complete the "lunch" column; do not leave it blank.
- If client has an electronic timekeeping system, timesheet hours must match
- Sign & obtain authorized client representative's signature.
- Fax your timesheet by Monday at 12 noon EST.
- List mileage ONLY IF reimbursement is approved by the client and preapproved on your confirmation.

Failure to complete your timesheet clearly & correctly or send it by the deadline may delay your paycheck!

I worked less hours than contracted due to:

LOOK

- ___ Client dismissed me early
- ___ Client cancelled shift
- ___ Scheduled time off
- ___ Illness
- ___ Other (explain):

By signing below, I certify that these hours were worked and were properly verified by the client. I also certify that no accident or injury was sustained while working on the assignment unless noted in the comments section below.

Employee Signature: _____

Date: _____

I understand that by working hours less than contracted, I may be subject to pro-rations and or penalties

Client Signature: _____

Date: _____

I certify that the above hours are correct and that the employee has satisfactorily completed his/her assigned duties

Printed Name & Title: _____

Client Certification: Please provide and certify the total hours completed by employee. By signing above, Client authorizes and directs Cirrus to compensate employee and invoice Client for all certified hours, at the agreed – to rates. This time card represents the exclusive and final source in determining employee's hours for such purposes.

Facility Use Only: This section **MUST** be completed by the facility

Regular Hours	Overtime Hours	On-Call Hours	Call-Back Hours	Charge Hours	Holiday Hours	Mileage

Comments/Notes: