



Timesheet

6900 Dallas Pkwy Ste 450
 Plano, TX 75024
 fax: 888.301.8444
 phone: 888.301.9333
www.liquidagents.com

Please fax signed timesheet to:

888.301.8444

(Due on Mondays by 12pm CST)

Please call search consultant to confirm fax transmittal

Name: _____
 (Please Print)

Week Ending: _____

Hospital: _____

Cost Ctr / Unit: _____

Date	Day	Time In	Lunch	Time Out	Total	Beeper Time	Hrs	#	Call Back Time	Hrs	Comments
<i>MM/DD</i>	<i>Example</i>	<i>0700</i>	<i>0.50</i>	<i>1550</i>	<i>8</i>	<i>2300-0700</i>	<i>8</i>	<i>1</i>	<i>1900-2300</i>	<i>4</i>	
	Mon										
	Tue										
	Wed										
	Thu										
	Fri										
	Sat										
	Sun										
Total Weekly Hours											

Timesheets will NOT be processed without an approval signature

Employees must sign lines 1 and 2 of the completed timesheet

1.) Employee Signature: _____ Date: _____

By signing, I certify that all information reflected on this time record is complete and accurate.

2.) Employee Signature: _____ Date: _____

I certify that I had no work related injuries during the time-frame indicated on this timesheet.

If not on direct deposit, choose a delivery option:

Fed Ex (\$25 payroll deduction)

Regular Mail

Please provide Mailing Address: _____

Approval Signature: _____ Date: _____

Approver's Name: _____
 (Please Print)

Signature of Client Contact verifies accuracy of hours reported. Client agrees to pay invoice with corresponding approved hours according to the rates and terms previously agreed to in the Master Services Agreement and Schedule.

****FOR OFFICE USE ONLY****				
Payroll Department			Billing Department	
TOD #	RT	BH	RT	BH
TIMESHEET #	OT	CB	OT	CB
	DT	HOL	DT	HOL