



# Timesheet

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[www.liquidagents.com](http://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>	
	Sun										
	Mon										
	Tue										
	Wed										
	Thu										
	Fri										
	Sat										
<b>Total Weekly Hours</b>											

\*\*\*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