



(888)-TSS-2156

Employee Name: _____
 Location: _____
 Client/Facility Name: _____
 Work Week: _____

TIMESHEETS DUE EVERY MONDAY BEFORE NOON

Please email to: Info@Taurus-StaffingSolutions.com or fax to: (877) 496-2540

	DATE	TIME IN	(Break) TIME OUT	(Break) TIME IN	TIME OUT	TOTAL DAILY HOURS	NOTES/COMMENTS
	SUNDAY						
	MONDAY						
	TUESDAY						
	WEDNESDAY						
	THURSDAY						
	FRIDAY						
	SATURDAY						
<i>Reason (if any) Unable to Obtain Full Hours:</i>						TOTAL HOURS WORKED	

Please note: On Call Hours Stop When/If Call Back Starts

	DATE	ON CALL START TIME	CALL BACK/IN	CALL BACK/OUT	ON CALL END TIME	TOTAL ON CALL HOURS	TOTAL CALL BACK HRS
	SUNDAY						
	MONDAY						
	TUESDAY						
	WEDNESDAY						
	THURSDAY						
	FRIDAY						
	SATURDAY						
<i>Notes: (Extra CB, etc.):</i>						TOTAL ON-CALL	TOTAL CALL BACK

Employee Signature _____

Date: _____

Supervisor Signature _____

Supervisor Name: _____

The client representative's signature above acknowledges services rendered, that hours above are correct and the the employee's performance was satisfactory.