



WEEKLY TIMESHEET
Please submit timesheet by Monday 5:00 PM
Payroll Fax: 866-570-9342
Payroll Email: PayrollAHG@alliedhealthgroup.com

Local Staff, LLC
Tampa
 400 North Ashley Dr, Suite 1310
 Tampa, FL 33602
 P:813.636.0366

Client:	Week Ending Date:
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Employee:	Last 4 Digits of Social Security:
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Day of the Week	Date	Unit/Floor	Time In (Military)	Meal Period 1			Meal Period 2			Missed or Untimely Meal/Breaks	All Hours Worked				Special Pay Hours		Shifts Not Worked		Remarks	
				Start	End	Duration	Start	End	Duration		Time Out (Military)	Regular	Holiday	Call Back	On-Call	Charge	Client Cancel	Employee Cancel		
MON.																				
TUE.																				
WED.																				
THU.																				
FRI.																				
SAT.																				
SUN.																				
Weekly Totals:																				

You must record your actual time in and out for all hours worked, as well as time in and out for meal periods.

*Employee Signature: _____ Date: _____ **Client Authorization: _____ Date: _____

* I certify that the hours shown above represent my total hours worked and the Client Approval was initiated by the Client or an Authorized Representative of the Client.
 ** I certify that the hours shown above are correct and that the above identified Employee performed satisfactorily.