Fax Toll Free using 1-888-800-7336, or
Email to: Payroll@MRCIWORKSOURCE.ORG

Private Pay
MRCI Time Sheet
Please PRINT using black ink

Employee # _____
for office use only

Employee's Name: _____

Client's Name: _____

Client Representative: _____   Daytime Phone # _____

2-Week Pay Period: <u>Sun:</u> _____   <u>Sat:</u> _____
                    (mm/dd/year)   (mm/dd/year)

Date	**FROM**	**Hours**	**TO**	**Total Hours**
_____	_____	am/pm	_____	am/pm	_____
_____	_____	am/pm	_____	am/pm	_____
_____	_____	am/pm	_____	am/pm	_____
_____	_____	am/pm	_____	am/pm	_____
_____	_____	am/pm	_____	am/pm	_____
_____	_____	am/pm	_____	am/pm	_____
_____	_____	am/pm	_____	am/pm	_____
_____	_____	am/pm	_____	am/pm	_____
_____	_____	am/pm	_____	am/pm	_____
_____	_____	am/pm	_____	am/pm	_____
_____	_____	am/pm	_____	am/pm	_____
_____	_____	am/pm	_____	am/pm	_____
_____	_____	am/pm	_____	am/pm	_____
_____	_____	am/pm	_____	am/pm	_____
_____	_____	am/pm	_____	am/pm	_____
_____	_____	am/pm	_____	am/pm	_____
_____	_____	am/pm	_____	am/pm	_____

Hourly rate: $ _____   **Totals for the pay period** _____

The hours recorded above are accurate and complete for the period indicated.

_____   _____
Signature of Employee   Signature of Client/Representative

Not valid unless signed by both Parties
If hours exceed 40 in a calendar week (Sunday thru Saturday), the resulting overtime may be reportable to the County

FOR OFFICE USE ONLY: Total wages = _____

P.P.E. _____   ___% of TW = _____

___ Spreadsheet   Total =

1/9/2014