



Employee Name:	
Client Name:	
Supervisor:	
Week Ending:	

**Please Fax Timecards to 949-334-1371 or 949-481-1288 by  
6:00pm Every Friday**

		SAT	SUN	MON	TUES	WED	THUR	FRI	
	Start:								Week Ending Total Hours Worked:
	Lunch OUT:								
	Lunch IN:								
	End:								
	Total Hours Worked:								

IN CALIFORNIA: It is mandatory that you take a 30 minute unpaid meal break if you work more than 6 hours in a day, and your are entitled to a 10 minute rest period for each 4 hours worked. You must record a lunch break on the timesheet if you work more than 6 hours in a day.

Comments:

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**Employee Signature (required)**

Date

I hereby affirm that the information provided herein is true and complete to the best of my knowledge and agree that falsified information may be considered justification for dismissal at any future date.

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**Supervisor's Signature (required)**

Date

By signing this time sheet, I agree to abide by the Terms & Conditions set forth by Oceans Medical Staffing, Inc. I agree to pay the hours reported above.