

Healthcare People Resources Staffing | Consulting

Payroll Fax: 937-854-5941

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TIME SHEET

						Were MSDS and OSHA Manuals		Client #
Name:				Title:		Reviewed?	Yes No	
			Status:(√) Clinical Consultant		Check Distribution: ($$)		Office#	
Location:					Mail Direct Deposit			
Department:				PO#:		Week Starting:		Week Ending:
Day/Date		Start Time	End Time	Less Meal	Reg. Hrs.	OT Hrs.	Total Hrs.	Client Signature
Sun								
Mon								
Tue								
Wed								
Thu								
Fri								
Sat								
During this pay period, if you sustained an accident or injury while working on assignment, please check below: Yes				Weekly Totals:				*Signature certifies that this form is true and accurate
Employee Signature:					*Client Signature:			
Please be sure to have your supervisor sign your time sheet. ALL overtime must be filled out correctly and approved by your supervisor.					By approving this timesheet, Subcontractor agrees that the temporary employee worked the hours indicated and performed satisfactorily, and that we (Dunson & Associates) agree to pay Subcontractor's invoice for these hours according to the previously determined hourly rate.			