



BRANCH OFFICE: Cincinnati

FAX TO: (866) 283-0459

**HEALTH INFORMATION MANAGEMENT / ALLIED TRAVEL
FAX TIMESHEET**

Employee: _____ Day-Time Phone #: _____
(Please print)

Social Security Number: _____ Employee id#: _____

Company: _____ Week-ending: _____
(Sunday)

	Start Time	Lunch Out	Lunch In	Finish Time	Total
<i>(Please record daily total hours to the nearest .25 hour)</i>					
MONDAY					
TUESDAY					
WEDNESDAY					
THURSDAY					
FRIDAY					
SATURDAY					
SUNDAY					

Summary of Hours:

SHIFT	Straight Time	Overtime	Double Time	Total
First				
Second				
Third				
TOTAL				

Client Signature: _____ Date: _____

By signing this fax time sheet, I agree to abide by the Terms and Conditions set forth by Healthcare Staffing a Division of On Assignment, Inc.. I agree to pay the total hours above.

Employee Signature: _____ Date: _____

- My Assignment is:
- Completed and I have advised my Staffing Consultant
 - Continuing next week

For Address Changes, Direct Deposit sign-up, or any other questions please call

EMPLOYEE SERVICES 1-800-995-7378

Comments: _____

***** NOTE: ANY ALTERATIONS TO THE CONTENT OF THIS DOCUMENT MAY DELAY THE PROCESSING OF YOUR TIMESHEET UNTIL RECORDED INFORMATION CAN BE VERIFIED *****

Please turn timesheet FACEDOWN and fax no later than 6:00 p.m. Friday