Employee Name: ______________________ Title: ______________________

Facility Name: ______________________ Hall/Unit: ______________________

City: ______________________ State: ______________________

Date	Start Time AM/PM	End Time AM/PM	Day of the Week	Lunch Yes/No	Amount Taken

By signing below, I certify that the information above is true and accurate.

Employee signature: ______________________ Date: ______________________

Supervisor
Printed name: ______________________

Supervisor signature: Date:

1. All timesheets must be fully completed.
2. Please FAX timesheets DAILY to 1-888-311-0649 or scan to staff@qmstaffing.com
3. Timesheets with missing signatures, incorrect or information will NOT be processed.