

**Cirrus Allied**

3000 Northwoods Parkway  
Suite 105  
Norcross, GA 30071



Employee Name \_\_\_\_\_

Facility \_\_\_\_\_

Week Ending \_\_\_\_\_  
(Saturday's date)

**NEW**

**TIMESHEET FAX: 866-791-7944**

**Timesheets are due Monday at 12 noon EST**

Day	Date	Time In	Time Out	Lunch (# minutes)	Regular Hours (not incl. lunch)	Overtime	Holiday	Mileage
Sunday		:	:					
Monday		:	:					
Tuesday		:	:					
Wednesday		:	:					
Thursday		:	:					
Friday		:	:					
Saturday		:	:					
<b>TOTAL</b>								

**Timesheet instructions:**

- Complete the "lunch" column; do not leave it blank.
- If client has an electronic timekeeping system, timesheet hours must match
- Sign & obtain authorized client representative's signature.
- Fax your timesheet by Monday at 12 noon EST.
- List mileage ONLY IF reimbursement is approved by the client and preapproved on your confirmation.

I worked less hours than contracted due to:

**LOOK**

- \_\_\_ Client dismissed me early
- \_\_\_ Client cancelled shift
- \_\_\_ Scheduled time off
- \_\_\_ Illness
- \_\_\_ Other (explain):

**Failure to complete your timesheet clearly & correctly or send it by the deadline may delay your paycheck!**

*By signing below, I certify that these hours were worked and were properly verified by the client. I also certify that no accident or injury was sustained while working on the assignment unless noted in the comments section below.*

**Employee Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

I understand that by working hours less than contracted, I may be subject to pro-rations and or penalties

**Client Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

I certify that the above hours are correct and that the employee has satisfactorily completed his/her assigned duties

**Printed Name & Title:** \_\_\_\_\_

**Client Certification:** Please provide and certify the total hours completed by employee. By signing above, Client authorizes and directs Cirrus to compensate employee and invoice Client for all certified hours, at the agreed – to rates. This time card represents the exclusive and final source in determining employee's hours for such purposes.

**Facility Use Only:** This section **MUST** be completed by the facility

Regular Hours	Overtime Hours	On-Call Hours	Call-Back Hours	Charge Hours	Holiday Hours	Mileage

**Comments/Notes:**