ppr	EMPLOYEE: RECRUITER: FACILITY/SCHOOL: WEEK OF:	DAPHNE THEOTOCATOS  TO

## FAX TIME SHEET AFTER LAST DAY WORKED EACH WEEK NO LATER THAN 12:01 P.M. EASTERN TIME SUNDAY TO:

## 877-309-5038 or 888-794-5038

DAY	DATE	Time In	Time Out		Total Billable Hrs (*)			Comments		
					( /					
MON										
TUES										
WED										
THURS										
FRI										
							*OFFICE US	E ONL	<b>/</b> *	
			_				Reg. Hrs.	Bil	l Rate	
uperviso	r Signature	Date		Supervisor Name	e (Please Print)					

Date

(\*) Please note that regardless of time infour - you will only be paid your contracted rate. If your contracted rate is not a round number, use the quarter hour rule when calculating total hours. 15 MIN = .25HRS 30 MIN = .50HRS 45 MIN = .75HRS

Employee Signature

For example: 7 and 1/2 hours per day would = 7.5 hrs