



PharmServ
STAFFING

Timesheet

PharmServ Staffing
5870 Merle Hay Rd
PO Box #346
Johnston, IA 50131
Voice: (515) 334-4293
Fax: (515) 334-5023

Employee			
Name			
Address			
City	State	Zip	

Client			
Name			
Address			
City	State	Zip	

Time										
Week Ending Date: <input type="text"/>										
Date	Time In	Lunch Out	Lunch In	Time Out	Daily Total	Over Time	Miles	Per Diem	On-Call Hours	Other
Sat										
Sun										
Mon										
Tue										
Wed										
Thu										
Fri										
Please note that exempt employees are not eligible for overtime. Exempt and hourly employees complete the table below:										
					Hours	Over Time	Miles	Per Diem	On-Call Hours	Other
Weekly Totals:					<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Signatures	
<p>Employee _____ Date _____</p> <p>Use a separate timesheet for each client or account work site you work during the week. Print clearly and complete all dates, times and total hours worked. Timesheets must be signed by client. Altered or unsigned timesheets will not be accepted. Fax signed timesheet to PharmServ Staffing immediately. Retain original for your records. Timesheets must be received by 2:00 pm on the Monday of the following week to ensure timely compensation for your services.</p>	<p>Client _____ Date _____</p> <p>Important Notice: Your signature above constitutes acceptance and agreement that work was satisfactorily performed and is correctly stated for the dates, hours and shifts as shown on this form, and authorizes payment to PharmServ Solutions under the Terms and Conditions of the Agreement.</p>