



5001 Spring Valley Road
 Suite 1000 West
 Dallas, TX 75244
 (972) 248-4422

FAX TIMESHEET

Timesheet should be signed by an authorized manager and submitted no later than noon on Monday to make payroll for the week.

Attention: Payroll Processing Department Week Ending(Sun): _____ / _____ /2009

From: _____
 (Please print your name here)

Fax To: **(972) 392-1745**

Record number of hours worked up to the nearest quarter hour. (Example: 7.75 hours)							
MON	TUES	WED	THURS	FRI	SAT	SUN	TOTAL
Company Name						Week Ending(Sunday)	
Employee Name(Please Print)							
<p>Employee, I certify hours worked and shown above represent the total hours worked this week by me and are properly verified by the supervisor of the named client, and I also certify that no accident or injury was sustained while working at this assignment.</p> <p style="text-align: right;">_____ Date _____</p> <p style="text-align: center;">(Employee Signature)</p>							
To Be Completed by Company Supervisor							
Company's Authorized Signature				Title		Date	
Please Print Name				Verify Total Hours Worked by Employee			Is this employee continuing this assignment? <input type="checkbox"/> Yes <input type="checkbox"/> No
				_____ hrs (up to the nearest qtr. Hour)			
<p>The signature above authorizes Superior Medical Staffing, Ltd. to pay its employee and bill the client for the total number of hours worked on a weekly basis. Overtime hours are billed at one and one-half times the straight time billing rate and double time where applicable. By signing this time sheet, client certifies that the hours shown above are correct and that the work performed was satisfactory. The employee assigned has specific job requirements and are not to be changed without prior consent of Superior. Customer represents that its work site complies with all OSHA and other applicable rules and regulations and that Superior employees will be/are included in all safety programs. Superior assumes no responsibility if Superior employees handle cash, securities or other valuables without Superior's prior written permission. In consideration of the services provided by Superior, customer agrees that in the event the employee above is employed by customer, directly or indirectly, within 180 days from the last day of the employee's assignment with customer, customer shall pay to Superior a fee of twenty-five (25%) percent of the employee's annual billing rate. Superior employees shall not operate or drive any motorized vehicle or operate any machinery, except office machinery, without Superior's prior written consent.</p>							