WEEKLY TIMESHEET

ADVANTAGE
medical professionals

Original

Use black or blue pen only. Fill out completely. Obtain supervisor's signature. Leave a copy with the facility. Return a copy to Advantage.

Void 60 days after date worked. Payment terms and hiring policy is in accordance with staffing agreement or contract.

Email completed sheets to: payroll@ampstaffing.com or **Fax to:** 504.456.1144

Please call with any questions to 504.780.9500 or 800.375.0073

Employee Name: **Facility Name:**

Day	Date	Time In	Time Out	Area/Unit/Floor Worked	Supervisor Initials if worked through lunch	Orient Shift Please check	Charge Shift Please Check	Supervisor Initials
SUN								
MON								
TUE								
WED								
THUR								
FRI								
SAT								

Employee Signature **Date**

Supervisor Signature **Date**