

LABPERSONNEL, A Division of Jepsen Investments, Inc.

Laboratory Staffing Specialists
Assignment Number

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Last First Initial

Employee Name		
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Client/ Company

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Address

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Round Hours to Nearest 1/4 Hour

First Week Ending Sunday / /

	Start Time		Lunch Start		Lunch End		Finish Time		Total Hrs.	
	HR	MIN	HR	MIN	HR	MIN	HR	MIN	HR	MIN
MON										
TUE										
WED										
THU										
FRI										
SAT										
SUN										

TOTAL HOURS FOR THE WEEK

Second Week Ending Sunday / /

	Start Time		Lunch Start		Lunch End		Finish Time		Total Hrs	
	HR	MIN	HR	MIN	HR	MIN	HR	MIN	HR	MIN
MON										
TUE										
WED										
THU										
FRI										
SAT										
SUN										

TOTAL HOURS FOR THE WEEK

TOTAL **REGULAR** HOURS FOR TWO WEEKS

TOTAL OVERTIME HOURS FOR TWO WEEKS

TOTAL VACATION HOURS FOR TWO WEEKS

Employee Signature _____ Date _____

Client Signature _____ Date _____

Fax IMMEDIATELY Upon Completion
Fax 847 699-0399

TIME CARE GUIDELINES

1. Always fill in your name and assignment number in the appropriate spaces on the top of the time sheet.
2. CALCULATE TIME WORKED IN HOURS AND MINUTES (7-45). DO NOT CALCULATE HOURS WORKED WITH FRACTIONS (7 ¾). ROUND HOURS TO THE NEAREST ¼ HOUR.
3. Do not use military time.
4. Lunch breaks do NOT figure into the total hours worked. If you did not take a lunch, write "NO LUNCH" in for that day.
5. Vacation and Holiday time is not included in the daily total. Use the boxes at the bottom of the time sheet.
6. Overtime is calculated as the number of hours approved to work over 40 hours **per week**.
7. All completed time sheets must have a client supervisor signature.
8. If working weekend hours, fax the time sheet to Managed Care Staffers on that weekend or no later than the following Monday morning by 9 am.
9. Fax time sheets every other Friday to: (847)-699-0399. Paychecks are issued every other Thursday, no matter what day of the pay period your assignment began. Time sheets turned in late will delay your paycheck until the next pay period.

Address Change?
Check here if your address has changed

New Address: _____

