



TIME SHEET

**Time sheet must be received by
midnight every Sunday via fax
586-323-2000 or email
timesheet@allnestaffing.com**

Worker Name (print): _____ Discipline: _____

Week Beginning: Sunday, _____ Week Ending: Saturday, _____

Day	Date	Time In	Break Time Out	Break Time In	Time Out	Daily Total Hours	Facility Name	Site	Miles If authorized	On-Call Hours	Call Back Hours	<u>Facility Signature Required</u>
Sun	/	: am : Pm	: am : pm	: am : pm	: am : pm							
Mon	/	: am : pm	: am : pm	: am : pm	: am : pm							
Tue	/	: am : pm	: am : pm	: am : pm	: am : pm							
Wed	/	: am : pm	: am : pm	: am : pm	: am : pm							
Thu	/	: am : pm	: am : pm	: am : pm	: am : pm							
Fri	/	: am : pm	: am : pm	: am : pm	: am : pm							
Sat	/	: am : pm	: am : pm	: am : pm	: am : pm							
Total:							Total (if applicable):					

CLIENT • It is understood that the individual signing this time sheet is an authorized representative of the facility and hereby certifies that the hours, miles, drive time, and/or on-call are correct and that the work was performed. Client agrees that utilization of the worker named on the top of this time sheet on either a temporary or full time basis will remain under A-Line Staffing Solutions unless a fee of 30% of worker's first year salary is paid to A-Line Staffing Solutions.

WORKER • By signing below you indicate that the hours, miles, drive time, and/or on-call are correct and that the work was performed. You are also fully aware that an authorized time sheet must be received by A-Line Staffing Solutions every Sunday by midnight. By signing this time sheet WORKER agrees not to work directly for the facility, independently or thru another agency for a period of one (1) year. Thus should worker violate any of these restrictions, CORPORATION is entitled to injunctive relief in addition to pursuing any and all remedies, including collection for loss of revenue, attorney fees and costs, without the necessity of posting bond or proving actual damages. Worker agrees to contact A-Line Staffing Solutions after completing this assignment and understands that if he/she does not A-Line will assume that he/she has voluntarily quit. Worker certifies that he/she has reported all injuries to A-Line Staffing Solutions.

Supervisor Signature _____ Date _____

Worker Signature _____ Date _____

Fax (586) 323-2000

PLEASE DO NOT WRITE IN THIS AREA • Office use