



THERAPEUTIC RESOURCES INC.

FAX: 888-394-2351

EMPLOYEE NAME: _____

FACILITY	DATE	DAY	A.M.		P.M.		DAILY TOTAL	APPROVAL
			TIME IN	TIME OUT	TIME IN	TIME OUT		
		MON						
		TUE						
		WED						
		THU						
		FRI						
		SAT						
		SUN						
WEEKLY TOTAL								
Hours Guaranteed per Contract								

FACILITY	DATE	DAY	A.M.		P.M.		DAILY TOTAL	APPROVAL
			TIME IN	TIME OUT	TIME IN	TIME OUT		
		MON						
		TUE						
		WED						
		THU						
		FRI						
		SAT						
		SUN						
WEEKLY TOTAL								
Hours Guaranteed per Contract								

*EXPLANATION OF DIFFERENCE: _____

EMPLOYEE SIGNATURE: My signature below certifies that I was away from my tax home for the time period indicated above and that the hours reported are accurate.

X _____

FACILITY SUPERVISOR SIGNATURE: **X** _____

INSTRUCTIONS:

Time Sheets are due by the Monday 12:00 pm following the week of work.
 If time sheets are not received by the Monday 12:00 pm following week of work, payroll checks may be delayed for up to two weeks.
 Facility Supervisor signatures are required for each facility worked.
 Employee will not be paid if time sheet does not include Supervisor Signature.
 Employee signature is required certifying that these hours are correct.
 *Employee will be paid for hours worked,(not contracted hours) if no explanation is provided.
 Call us at 866-652-1562 if you any questions or concerns.