

You **MUST** have this Timesheet signed by your Supervisor at the end of each shift every day.  
 Email to: HSGTimesheet@HealthSourceGlobal.com  
 Submission deadline is on or before 12 PM on Sundays.



# TIMESHEET

Name: \_\_\_\_\_

Last 5 SSN: \_\_\_\_\_

PLEASE PRINT CLEARLY AND ACCURATELY

Position: \_\_\_\_\_

Location: \_\_\_\_\_

On Call?	Call in?	DATE	TIME		MEAL BREAK?	TIME		MEAL BREAK?	TIME		TOTAL HOURS	SUPERVISOR SIGNATURE	Rest Break Not Provided. Supervisor's Initials:
			IN	OUT		IN	OUT		IN	OUT			
					Sample Entry	0700	1100	<input checked="" type="radio"/> Y / <input type="radio"/> N	1130	1530			
					Y / N			Y / N					
					Y / N			Y / N					
					Y / N			Y / N					
					Y / N			Y / N					
					Y / N			Y / N					
					Y / N			Y / N					

PAYCHECK WILL BE SENT TO THE ADDRESS ON YOUR W-4

ACCOUNTING USE ONLY

I CERTIFY THAT THE INFORMATION ON THIS TIMESHEET IS TRUE AND ACCURATE.

REG

OT

DBL

ON CALL

CALL IN

CHRG

PMM

PMR

EMPLOYEE SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_