QUALITY
TEMP STAFFING
MEDICAL STAFFING SPECIALISTS

HOLIDAY - TIMESHEET

Employee Name: _____ **Job Title:** _____

Facility/Location: **Quality Temp Staffing** **Pay Period:** _____

Timesheet **Due before 9:00am** Fax: (818) 831-1126 **OR** Email: email@qualitytempstaffing.com

DAY	DATE	HOLIDAY	TOTAL HOURS
Sunday		Holiday	
Monday		Holiday	
Tuesday		Holiday	
Wednesday		Holiday	
Thursday		Holiday	
Friday		Holiday	
Saturday		Holiday	
		Week Total:	

I certify that I have provided complete and accurate information by signing this timesheet.
I understand that it is against company policy to provide false or incomplete information on timesheets.

Employee Signature **Date**

QTS Representative Signature **Date**

QTS Payroll Approved Signature **Date**