QUALITY
TEMP STAFFING
MEDICAL STAFFING SPECIALISTS

SICK TIME - TIMESHEET

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

Facility/Location: _____ **Pay Period:** _____

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

DAY	DATE	SICK-TIME	TOTAL HOURS
Sunday		Sick	
Monday		Sick	
Tuesday		Sick	
Wednesday		Sick	
Thursday		Sick	
Friday		Sick	
Saturday		Sick	
		Week Total:	

DAY	DATE	SICK-TIME	TOTAL HOURS
Sunday		Sick	
Monday		Sick	
Tuesday		Sick	
Wednesday		Sick	
Thursday		Sick	
Friday		Sick	
Saturday		Sick	
		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 timesheet.

_____ _____
Employee Signature **Date**

_____ _____
Onsite Supervisor Signature **Date**