

Ph: 800-382-0382

TIMESHEET

Fax: 877-422-1074

Employee Name (Please print): _____

Week Ending: _____ Last 4 Digits SS#: _____

Employee Signature: _____

I certify that I have worked the hours listed on this time report.

Company Name: _____

This timesheet should be submitted to Joulé Clinical Staffing Solutions by Tuesday morning at 10 a.m. It must contain all the hours worked, less lunch and be signed by your supervisor. Report all hours to the nearest 15 minutes.

Please Enter Date	Time IN	Time OUT	Total	Less Lunch	Straight Time Hours	Over Time Hours
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/						
/						
/						
/						
/						
/						
TOTALS						

Client Authorization: I certify that the above hours are actually worked by the JOULÉ employee and accept the customer agreement described below. Client will confirm total hours on the line next to the date.

Date: _____ Total Hours Above: _____

Authorizing Signature: _____ Phone Number: _____

Print Name: _____ Title: _____

To Our Customer:

- Confirm the hours entered on this timecard by our employee by signing your name and title.
- Save a copy of this timecard to match to our invoice.

Terms of Our Service:

- An invoice is rendered weekly based on the hours worked as shown on this timecard.
- Our indemnity agreement and other terms and conditions are contained on our invoice. A copy is available at our Branch Office upon request.
- The services we provide are made possible only through the expenditure of substantial sums for advertising, testing and training of our personnel. Therefore, if you hire our employee who performed the services shown on this timecard within six months from the date on this card, you agree to pay us as liquidated damages a fee determined in accordance with our permanent placement fee schedule or as previously agreed upon in writing between the customer and JOULÉ Clinical Staffing Solutions.