

FAILURE TO MAIL TIME SHEET BY FRIDAY MAY DELAY YOUR CHECK

PRESS HARD • YOU ARE MAKING 3 COPIES

No paycheck will be released until original time sheet signed by your supervisor has been received.

Medical Employment Directory of St. Louis, LLC

11701 Borman Drive • Suite 280
St. Louis, Missouri 63146 • (314) 991-8806

YOUR NAME
(PLEASE PRINT)

YOUR SOCIAL
SECURITY NO.

WEEK ENDING MO. DAY YR.
SUNDAY / /

DATE	MON.		TUES.		WED.		THURS.		FRI.		SAT.		SUN.		ASSIGNMENT COMPLETED <input type="checkbox"/> YES <input type="checkbox"/> NO	TOTAL HOURS WORKED	EMPLOYEE'S SIGNATURE		
	HRS	MIN	HRS	MIN	HRS	MIN	HRS	MIN	HRS	MIN	HRS	MIN	HRS	MIN				SUPERVISOR'S SIGNATURE	
TIME IN															STRAIGHT TIME	OVERTIME	PLEASE RE-TOTAL HOURS FOR VERIFICATION		
LUNCH OUT														HRS				MIN	HRS
LUNCH IN																			
TIME OUT																			
TIME TOTAL																			
																COMPANY NAME			
																ADDRESS			

1. The individual signing this time sheet must be an authorized representative of the company and hereby certifies that the hours are correct.
2. Client will not entrust M.E.D. employees with the care or control of cash, checks or other valuables. Any claim must be reported within 10 days after discovery of the occurrence.
3. Client agrees that utilization of the employee named on this time sheet on either a temporary or permanent basis within one year from the date on the time sheet will be through M.E.D. and employer will assume all financial responsibility for payment of the fees.
4. Client accepts full responsibility for claims involving physical loss or damage to client's equipment or injury to patients while in the care or control of M.E.D. and its employees.

Equal Opportunity Employer
WHITE - M.E.D. Copy / YELLOW - Employer's Copy
PINK - Employee's Copy

MINIMUM DAILY CHARGE