

(216) 252-4577 • Fax (216) 712-7266

1.4/10.	N. J. J. J.	CAN E STAC						
EMPLOYEE NAME			FACILIT	YNAME			DEPARTMENT OR LOCATION	
DISCIPLINE WEEK			K ENDING DATE (SATURDAY)				CLIENT SIGNATURE	Timeslip must be received "daily" by emailing
DATE		STARTING TIM	E FINISH TIME	LESS LUNCH	DAILY TOTAL	UNIT	EACH SEPARATE DAY	it to timeslip@anchormedicalstaffing.com
SUN	1.			30-MIN				
MON	MON		3	30-MIN				I certify the hours shown are the total hours work
TUE				30-MIN				me during the week for the company named above and these hours have been verified by my superviso
WED	WED THU			30-MIN			į.	or another authorized representative of the company. certify there were no incidents, accidents or injuried during the hours worked by me.
THU				30-MIN			Y	during the flours worked by me.
FRI				30-MIN			,	x
SAT	SAT			30-MIN		×	*	(Employee Signature) (Date)
Veteran Owned			TOTAL WEEKLY STRAIGH HOURS TIME					Times reflected on timeslip must match submitted
			(Do not include lunch time)	OVERTIME				times worked at each facility
Failure	to obtain	all necessary s	ignatures or compl	ete timesheet n	nav result in non	-navment	or delay of payment for he	ours worked

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DATE STARTING TIME FINISH TIME LESS LUNCH DAILY TOTAL UNIT EACH SEPARATE DAY SUN 30-MIN MON 30-MIN TUE 30-MIN WED 30-MIN THU 30-MIN 30-MIN THU 30-MIN 30-MIN THU 30-M		Made An	STAFFING							
DATE STARTING TIME FINISH TIME LESS LUNCH DAILY TOTAL UNIT EACH SEPARATE DAY SUN 30-MIN MON 30-MIN TUE 30-MIN WED 30-MIN THU 30-MIN TIMESlip must be received "daily" by a it to timeslip@anchormedicalstaffing. Timeslip must be received "daily" by a it to timeslip@anchormedicalstaffing. Timeslip must be received "daily" by a it to timeslip@anchormedicalstaffing. I certify the hours shown are the total hour me during the week for the company n and these hours have been verified by m or another authorized representative of the certify there were no incidents, accident during the hours worked by me.	EMPLOYEE NAME FA				FACILIT	YNAME			DEPARTMENT OR LOCATION	
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MON 30-MIN TUE 30-MIN I certify the hours shown are the total hour me during the week for the company in and these hours have been verified by mor another authorized representative of the certify there were no incidents, accident during the hours worked by me.	DATE STAR	DATE	DATE STARTING TIME	FINISH TIME L	ESS LUNCH	DAILY TOTAL	UNIT		it to timeslip@anchormedicalstaffing.com	
TUE 30-MIN and these hours shown are the lotar hours are the lotar hours. The during the week for the company in and these hours have been verified by more another authorized representative of the certify there were no incidents, accident during the hours worked by me.	1				30-MIN					
WED 30-MIN or another authorized representative of the certify there were no incidents, accident during the hours worked by me.	V				30-MIN				I certify the hours shown are the total hours worked to	
THU 30-MIN certify there were no incidents, accident during the hours worked by me.					30-MIN				or another authorized representative of the compa certify there were no incidents, accidents or inju	
THU 30-MIN)		-		30-MIN					
	J				30-MIN					
FRI 30-MIN X					30-MIN				x	
SAT 30-MIN (Employee Signature)	6				30-MIN		-	,	(Employee Signature) (Date)	
HOURS TIME		1122		HOURS TIME				Times reflected on timeslip must match submitted		
Veteran Owned (Do not include lunch time) OVERTIME times worked at each facility Failure to obtain all necessary signatures or complete timesheet may result in pop-payment or delay of payment for hours worked	veteran Owned			lunch time)						

Failure to obtain all necessary signatures or complete timesheet may result in non-payment or delay of payment for hours worked.



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EMPL	OYEE N	AME		FACILIT	CILITY NAME			DEPARTMENT OR LOCATION	
DISCIPLINE WEEK			(ENDING DATE (SATURDAY)				CLIENT SIGNATURE	Timeslip must be received "daily" by emailing	
DATE STARTI		STARTING TIME	FINISH TIME	LESS LUNCH	DAILY TOTAL	UNIT	EACH SEPARATE DAY	it to timeslip@anchormedicalstaffing.com	
SUN				30-MIN					
MON				30-MIN				I certify the hours shown are the total hours worked by	
TUE				30-MIN				me during the week for the company named above and these hours have been verified by my supervisor	
WED				30-MIN		***************************************		or another authorized representative of the company. I certify there were no incidents, accidents or injuries	
THU				30-MIN				during the hours worked by me.	
FRI	-2	17		30-MIN				¥	
SAT		3		30-MIN		-	*	(Employee Signature) (Date)	
Veteran Owned			HOURS (Do not include	STRAIGHT TIME				Times reflected on timeslip must match submitted	
				OVERTIME				times worked at each facility	

Failure to obtain all necessary signatures or complete timesheet may result in non-payment or delay of payment for hours worked.