

Weekly Timesheet

Fax Timesheet to:
888-201-6674

Week Ending Saturday: __/__/__



Facility Name: _____

Department/ Unit/ Floor: _____

Employee Name: _____

Downloaded timesheet from our website at:

Your Speciality: _____

<http://www.msgstaffing.com/timesheet.html>

24/7 Hotline: 888-MSG-RNRN (674-7676). msg@msgstaffing.com

Employee Discipline: _____ Liaison
 RN PT OT OTA RT LSW Admin Secretary LPN RC SP PTA NP CNA CMA

Supervisor approving overtime sign here: _____ Supervisor's Name: _____

Total approved overtime hours: _____ Employee Signature: _____

Use only (1) time sheet per client. Use only (1) time sheet per Department. Round all reported time to the nearest ¼ Hour

| Day | Date | Time In | Time Out | Minus Meal | Total Hours | Holiday Hours | Unit/Floor | Client Signature | Q: Client sign if Break not taken. |
|------|------|---------|----------|------------|-------------|---------------|------------|------------------|------------------------------------|
| Sun | | | | | | | | | |
| Mon | | | | | | | | | |
| Tues | | | | | | | | | |
| Wed | | | | | | | | | |
| Thu | | | | | | | | | |
| Fri | | | | | | | | | |
| Sat | | | | | | | | | |

Total Weekly Hours

Total Overtime Hours

If client did not sign column Q above to certify that break/ meal not taken then 30 min will be deducted automatically on each 7-8 hour working day. All overtime must be approved.

CLIENT TERMS AND CONDITIONS:

Please do not advance monies to Medical Staffing Group, Inc. employees. Employees are furnished to work for your organization on a temporary basis while searching for employment through Medical Staffing Group, Inc. In the event that your firm or any of its affiliates, subsidiaries or clients hire the employee named above during the temporary assignment or within a period of 365 days after the last day of any assignment with your company on a full time or consultant basis, your firm agrees to pay the permanent placement fee of 20% of the first year salary or annualized hourly rate of said employee. The foregoing also applies, without limitation, when the client enters into a prime vendor contract or other agreement with another staffing company that hires the employee to service the client. Any hours worked over 40 per week will be billed at the overtime rate of 1 & ½ times the regular time bill rate. Customer's responsibilities includes to properly supervise Assigned Employees; to be responsible for and to safeguard all aspects of its business; to provide safe working conditions and abide by all OSHA and other Safety Laws. Medical Staffing responsibilities are to assign its qualified employees to work under Customer's supervision and to pay their wages and provide benefits such as unemployment insurance and workers' compensation; to maintain their personnel and payroll records; and to pay withhold taxes.

EMPLOYEE AGREEMENT:

I certify that I worked the hours shown on this time sheet on the days indicated and that this time sheet has been certified by a person that I believe is an authorized agent of the client. I understand I must call the office between 8:00 am - 5:00 pm to report my availability for further assignment within 24 hours of completing my assignment. This information is necessary for our records and also informs us of your availability for future assignments. Failure to do so results in our assumption of your voluntary termination from Medical Staffing Group and may impact your eligibility for unemployment benefits. **All completed timesheet must be return to the office by Monday 12 PM**

Employee Signature

Date: