

Turn in your timecards via:

Text: 720.532.8243

Email: celeste@soshcs.com

Fax: 720.535.6930

acility:				Empl	oyee:			Skill:	
				•					
Day of the week	Date worked	Start Time	Meal	Missed Meal Supervisor Approval	End Time	TOTAL WORK HOURS	OT Approval	Supervisor Approval (Print and Sign)	
	MM/DD/YY								
SUN			30 min					X	
MON			30 min					X	
TUE			30 min			-		x	
WED			30 min					X	
THU			30 min					X	
FRI			30 min					X	
SAT			30 min					X	
Гotal Hou	ırs worked for	the entire	week:						
QUICK E		-Please help	us to m	onitor emplo	ovee perform	nance and :	assist in m	— neeting TJC requirements. T	
Did the em	ployee meet your ver: 1. Outstandin	expectations	s in the	following are	eas?				
Attendance		Quality of Work				Attitude			
Skills			Productivity				Overall Performance		
f you answ	rered 3 to any que	estions, pleas							
Client Agree taffing's customary rate ay all collection cost a is understood that the	ment — This is to certify e. I agree to terms of net upon recond/or attorney's fees. I recognize see individual signing this time sheet	that this employee of SO eipt and to pay interest or SOS Healthcare Staffing as is an authorized represer	S Healthcare Sta n unpaid balance s the employer of ntative of client a	ffing has worked the ho e after one week at the a of this person and agree and hereby certifies that	urs shown on this assig ate of 18% per year on not to hire or have any the hours are correct ar	nment sheet. I agree to the highest rate allowe financial transactions w id that the work was p	o pay SOS Healthca d by law in this sta vith her (him) with erformed satisfacto	ure Staffing accordingly for hours at SOS Healthca ate. Should my account be turned to collection, I agree out permission of SOS Healthcare Staffing. ry.	
Employee Signature :				· .			Date:		
agree by si	igning that the ab	ove informat	ion is tr	ue and corre	ect				
A11	unsigned time	e slips will l	be retu	rned to the	Worker to	o sign bef	ore bein	g issued a check.	