



THERAPEUTIC RESOURCES INC.

PHONE: 866-652-1562

FAX: 888-394-2351

EMPLOYEE NAME: _____

FACILITY	DATE	DAY	A.M.		P.M.		DAILY TOTAL	APPROVAL
			TIME IN	TIME OUT	TIME IN	TIME OUT		
		MON						
		TUE						
		WED						
		THU						
		FRI						
		SAT						
		SUN						
WEEKLY TOTAL								
Hours Guaranteed per Contract								

*EXPLANATION OF DIFFERENCE: X

EMPLOYEE SIGNATURE : My signature below certifies that I was away from my tax home for the time period indicated above and that the hours reported above are correct.

X

FACILITY SUPERVISOR SIGNATURE: X

INSTRUCTIONS:

Time Sheets are due by the Monday 12:00 pm following the week of work.

If time sheets are not received by the Monday 12:00 pm following week of work, payroll checks may be delayed for up to two weeks.

Facility Supervisor signatures are required for each facility worked.

Employee will not be paid if time sheet does not include Supervisor Signature.

Employee signature is required certifying that these hours are correct.

* Employee will be paid for worked hours if no explanation is provided...no Exceptions!