



PLEASE FAX TO: (518)306-4493 BEFORE 12 PM ON MONDAY

EMPLOYEE NAME		HOSPITAL	
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TOTAL HOURS	Day	Date	Time Started	Time Finished	Authorized Signature
	SUN				
	MON				
	TUES				
	WED				
	THURS				
	FRI				
	SAT				
	TOTAL				

I CERTIFY THAT THE HOURS SHOWN ABOVE REPRESENT MY TOTAL HOURS ON THE ASSIGNMENT AND THAT THEY WERE PROPERLY VERIFIED BY THE CLIENT OR BY AN AUTHORIZED REPRESENTATIVE. PLEASE FAX ALL TIME SHEETS BY MONDAY AFTER THE WORK WEEK TO (518) 306-4493 OR EMAIL SCAN TO SUSAN@STATSTAFFPRO.COM

Stat Staff Professionals Employee Printed Name	
Stat Staff Professionals Employee Signature	