



## WEEKLY TIMECARD

\*\*\*Please email (Preferred) or fax your timesheet no later than Noon each Monday\*\*\*  
 Timecards@AlliantPR.com / Fax – (520)-333-3144

\*Timecard must reflect hours you expect to be paid OR your Supervisor must notate 'Guaranteed Hours Approved' in the Comments section below.  
\*\*Timecard must be filled out completely including Supervisor Signature to ensure you are paid on time.

Employee Name: \_\_\_\_\_

Position Title: \_\_\_\_\_

Week Ending Date: \_\_\_\_\_

Regular Time/Hours						
Day	Date	Time In	Time Out	Break (Minutes)	Total	Mileage
Sunday						
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
<b>Total</b>						

On Call/Call Back						
Day	Date	Time In	Time Out	Break (Minutes)	Total	Mileage
Sunday						
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
<b>Total</b>						

Client Name/Site: \_\_\_\_\_

Comments: \_\_\_\_\_  
 \_\_\_\_\_

CLIENT's signature on this time sheet certifies that the reported hours are correct indicating agreement by CLIENT to pay STAFFING FIRM for the hours at the agreed rates.

### APPROVAL

Employee Signature: \_\_\_\_\_

Client Name(Please Print): \_\_\_\_\_

Authorized Signature of Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_