



## 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.  
\*\*\*Your times above must match your EXACT times in/out of any electronic or paper log you use at the facility.

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

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

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

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

Regular Time/Hours								
Day	Date	Type	Time In	Time Out	Time In	Time Out	Total HH:MM	Miles
Sun								
Mon								
Tues								
Wed								
Th								
Fri								
Sat								
<b>Total</b>								

Type: Regular=Blank or "R", Charge="C", Orientation="O"

On Call/Call Back							
Day	Date	Type OC/CB	Time In	Time Out	Type OC/CB	Time In	Time Out
Sun							
Mon							
Tues							
Wed							
Thurs							
Fri							
Sat							
<b>Total On Call</b>							
<b>Total Call Back</b>							

If Times In/Out times and Totals conflict by mistake, In/Out will be used as default.

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

**APPROVAL-** 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.

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

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

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