

PARKWAY

Healthcare Staffing

509 N. Patterson St. 2nd Floor Suite 208, Valdosta, GA 31601
 Phone: 229-469-9521 | Toll Free/Fax: 1-866-339-8749

WEEK OF _____

CLASSIFICATION: _____

YOUR NAME _____

CLIENT _____

AREA WORKING _____

**Timesheets are due by 12pm (NOON)
 Every Monday for the previous week worked.**

DAY	DATE	UNIT WORKED	TIME IN	MEAL BREAK	TIME OUT	MILES	AUTHORIZED SIGNATURE

CLIENT APPROVAL: Approved time sheets are the confirmation that the healthcare professional listed above services and work are deemed acceptable as provided per the Service Agreement and agreed upon hourly bill rate. An authorized agent(s) on each line above for the above-named client certifies that the information on the time sheet is true and accurate including the time in/out & meal break, which granted approval noted by a valid signature on each work date line above.

EMPLOYEE SIGNATURE: I hereby certify that I complied with state laws (including but not limited to rest and meal periods), that the stated hours are correct, and were properly verified by Client. I understand that not complying with PWHS policies and procedures or falsifying hours will have serious legal consequences and/or lead to termination.

 EMPLOYEE PRINTED NAME

 EMPLOYEE SIGNATURE

 DATE