

IMPORTANT INFORMATION ABOUT COMPLETING AND FAXING YOUR TIMESHEET

1. PRINT NEATLY IN CAPITAL LETTERS USING BLUE OR BLACK INK
2. USE A SEPARATE TIME SHEET FOR EACH FACILITY AND HAVE APPROPRIATE PHARMACY PERSONNEL SIGN APPROVAL FOR HOURS WORKED
3. ONCE COMPLETED AND APPROVED, REMOVE THIS TOP SHEET AT PERFORATION AND LEAVE WITH FACILITY
4. FAX BY NOON ON FOLLOWING MONDAY TO ENSURE PROMPT PAYMENT



PHONE: 618.462.2484 FAX: 618.717.0145

FACILITY INFORMATION

CLIENT'S NAME

ADDRESS

CITY STATE ZIP

CLIENT TELEPHONE NUMBER

WEEK ENDING DATE (SAT)

/ /

TIME SHEET

DAY OF WEEK	DATES		START SHIFT TIME	LUNCH START	LUNCH END	END SHIFT TIME	TOTAL HOURS WORKED
	MONTH	DAY					
SUN							
MON							
TUES							
WED							
THUR							
FRI							
SAT							

***METRO RPh CANNOT ISSUE PAYMENT FOR HOURS WORKED WITHOUT RECEIVING A COMPLETED TIME SHEET SIGNED BY BOTH FACILITY AND METRO RPh PHARMACY PROFESSIONAL.
THANK YOU FOR WORKING WITH METRO RPh.

CLIENT APPROVAL

THE HOURS AS SHOWN ON THIS TIME SHEET ARE CORRECT. BY SIGNING THIS CLIENT APPROVAL, WE ACKNOWLEDGE OUR RECEIPT AND ACCEPTANCE OF THE GENERAL CONDITIONS OF ASSIGNMENT AND THE TERMS OF PAYMENT.

COMPANY

BY

TITLE

**METRO RPh PHARMACY STAFFING
PROFESSIONAL**

(print name)

I CERTIFY THAT THE DAYS SHOWN ON THIS TIME SHEET
ARE CORRECT AND WERE WORKED BY ME:

SIGNATURE

PHARMACY STAFFING PROFESSIONAL USE ONLY

PLEASE COMPLETE AFTER LEAVING FACILITY AND ARRIVING AT
NEXT DESTINATION IN ORDER TO ENSURE ACCURATE PAYMENT FOR EXPENSES

DAY	ROUND TRIP MILEAGE	OFFICE USE ONLY	LODGING ¹	PER DIEM ²	CALL
SUN					
MON					
TUES					
WED					
THURS					
FRI					
SAT					

¹LODGING MUST BE PRE-APPROVED BY CLIENT AND COPIES OF **ALL MOTEL RECEIPTS MUST BE INCLUDED WITH THIS FAX.**

²PER DIEMS ARE PAID ONLY IF OVERNIGHT STAY AND FULL DAY OF WORK ARE REQUIRED.

DATE FAXED: ____/____/____

PAGES FAXED: _____

METRO RPh OFFICE USE ONLY

RECEIVED ON: ____/____/____

NUMBER OF PAGES RECEIVED: _____

ENTERED BY: _____

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