

Timesheets are due by noon on Monday-

Employee Signature:

If the timesheet is not submitted on time, hours worked will be added to the following week's payroll.

Employee Name (printed):

Employee Timesheet

Client Facility: G					HS Branch: _		
By this facility's agent signing this time card, we acknowledge that GUARDIAN makes a considerable investment to develop the temporary help which GUARDIAN provides. Therefore, in consideration of this service being made available to us, we agree that if we employ, directly or indirectly, or otherwise use the services of this employee within twelve months from the last date of temporary placement through GUARDIAN, then we will pay GUARDIAN a direct- hire placement fee equal to 2% per thousand of the employee's annualized wage for one year.							
Unit	Day	Date MM / DD	Time In	Time Out	Less Break	Total Hours	Supervisor Signature
	Sunday	/					
	Monday	/					
	Tuesday	/					
	Wednesday	/					
	Thursday	/					
	Friday	/					
	Saturday	/					
				1			

the described shift(s). I acknowledge that, upon completing this assignment, my failure to notify Guardian of my availability to seek other assignments will be considered a voluntary quit. I also acknowledge that, any falsifying the time reported on this timecard will be considered a voluntary quit.

Timesheets should be emailed to <u>Timecards@GuardianHealthStaff.com</u> or returned via fax at 262.737.0341

I attest that this time sheet accurately reflects the hours worked at this facility and that the facility's agent confirms the stated hours. I also attest that I was not injured nor received any damages while working

NOTE: All timesheets must be signed by the client's on-site supervisor; any timesheet submitted without the proper authorization will not be paid until it has been obtained. Employees are responsible for submitting weekly timesheets to Guardian HealthStaff, LLC.