

Total Medical

Personnel Staffing

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 Oklahoma City, OK 73118
 (405) 810-8677 Fax (405) 810-8682
 www.tmpsok.com

9435 E. 51st, Suite A
 Tulsa, OK 74145
 (918) 664-2200 Fax (918) 664-3343

Print With Ink Pen --- Press Firmly

Employee Name	Classification
Facility Name	Unit

ROUND ALL TIMES TO NEAREST QUARTER HOUR

DATE	DAY	TIME IN	TIME OUT	LESS LUNCH	DAILY HOURS
	MON				
	TUE				
	WED				
	THU				
	FRI				
	SAT				
	SUN				

LONG TERM ASSIGNMENT?	TOTAL HOURS	
<input type="checkbox"/> Yes	Regular Time	Overtime Hours
<input type="checkbox"/> No		

EMPLOYEE: Execution of this time sheet is your responsibility. You cannot be paid unless the time sheet is signed by you and the client company.

I recognize that all client facilities that require mandatory lunches, must have appropriate supervisor's initials, for paid lunch. Initials must be on specific date in the "less lunch" box.

I certify that I have worked the hours listed on this time sheet and that I performed the service, and that I sustained no injury during this assignment.

I HAVE READ AND AGREE TO THE TERMS AND CONDITIONS HEREON AND THE REVERSE SIDE HEREOF. TIMESHEETS MUST BE RECEIVED IN THE TOTAL MEDICAL PERSONNEL SERVICES OFFICE WITHIN SEVEN (7) DAYS OF DATE WORKED.

Every temporary employee is required to contact Total Medical Personnel Staffing when their assignment with a customer ends. If the employee fails to make such contact, the employee may be considered to have left work voluntarily without cause and unemployment benefits may be denied. I agree not to ask for or accept employment from any client I am assigned to by Total Medical Personnel Staffing without notifying Total Medical Personnel Staffing in writing. Void after thirty (30) days.

EMPLOYEE SIGNATURE _____

CUSTOMER: We agree that Total Medical Personnel Staffing has incurred and will continue to incur expenses in maintaining it's staff of temporary employees. We agree with the "Client Terms and Conditions" as specified on the back of this slip.

My signature on this time sheet certifies that the total number of hours indicated is correct.

CLIENT COMPANY AUTHORIZED SIGNATURE _____ DATE _____

PRINT NAME _____