



PHONE: 1-866-232-8822 FAX: 1-866-636-5665

WEEKLY TIME SHEET

EMPLOYEE: _____

FACILITY: _____

DAY	DATE	START WORK	START BREAK	END BREAK	END WORK	HOURS WORKED
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						

Returning to Job

Job Completed

Minimum 4 hours. Total to nearest ¼ hour

TOTAL HOURS

The facility certifies by signing, that the hours indicated are correct and services were performed to satisfaction. The facility also agrees not to employ an XRAYZ 4U, LLC temporary for a period of 6 months. In the event facility violates this condition, the facility shall pay XRAYZ 4U, LLC its full placement fee as liquidated damages.

Facility Authorized Signature

Employee Signature