

TIMESHEET

ALGOOK ECCOMS Please report air flours in 0.25/flour increments.											
Provider Name (please print):							ayroll Period Ending:				
Worksite Name & Location:							Check remit address (if different than payroll):				
Month	Date	Start/Stop Time	Day Hours	Night Hours	OT Hours	Total Worked Hours	On- Ho		Callback Hours	Explanation for Callback and/or OT Hours	
TOTALS											
TIMESHEET NOTICE: To ensure that your pay is processed without delay, timesheets and expenses must be submitted no later than the 3rd weekday after the end of the payroll period (15th and last day of each month). Those timesheets received after the deadline will be processed the following pay period. Client Representative MUST sign the timesheet. Unsigned timesheets cannot be processed for payment. In order to be paid for overtime hours, approval must be communicated by a client representative and any overtime hours must be approved by the Client.											
EXPENSES: Keep your receipts for any expenses you incur as they must be turned in with your timesheet to be reimbursed. All expenses MUST be approved by Client in advance—unapproved expenses will not be paid. Provider is liable for any additional expenses incurred outside of provider reimbursement policy or due to changes in flight times or other travel arrangements.											
CLIENT REPRESENTATIVE SIGNATURE PRINT NAME & TITLE						DATE		Provider Signature			
By signing, client confirms that all dates and hours listed were performed by provider and are billable to the client.											
PLEASE FAX OR EMAIL TO: QUESTIONS OR CONCERNS:											
Email: payroll@locumconnections.com Fax: (404) 448-4482							Email: payroll@locumconnections.com Phone: (678) 722-3466				