

Coastal Healthcare Resources, Inc.

PO Box 6467
 Florence, SC 29502
 Tel: 866.877.2762
 Fax: 866.992.7144

Date: ____ / ____ / ____

From: _____ To: _____

EMPLOYEE: _____
 ADDRESS: _____
 LAST 4 DIGITS OF SSN #: _____
 HOSPITAL / GROUP: _____

TIMESHEETS ARE DUE IN THE C.H.R. OFFICE BY 10am MONDAY THE FOLLOWING WEEK.

Email: ksanders@coastalhresources.com

Date Worked	Date	Area Worked	Regular Hours		Minus Break	Overtime Hours		On Call Hours		Call Back Hours		Total Hours	
			IN	OUT		IN	OUT	IN	OUT	IN	OUT		
Sunday													
Monday													
Tuesday													
Wednesday													
Thursday													
Friday													
Saturday													

I certify the hours shown above were worked by me during the week designated and were verified by authorized personnel. I have reviewed the material safety data sheets at this site as required by the OSHA, I certify that no accident or injury was sustained by me while working on this assignment unless so stated in the comments section. I agree to contact CHR after completion of my assignment to discuss another assignment. If I fail to do so, CHR will assume I am no available to work and this may disqualify any claim for unemployment benefits. I understand that by signing this timesheet that I agree to all policies and procedures set forth by CHR and that I am responsible for knowing them.

Check one of the following:
 (If not checked, paycheck will be mailed)

- Mail Paycheck
- Hold for Pickup
- Direct Deposit

Employee Signature

Facility Name

Facility Address

City, State and Zip

COMMENTS:

I hereby certify that the above, named employee has performed satisfactory service for the dates and times indicated and authorize billing for such services. I understand that by signing this timesheet that it serves as a standard agreement that is binding with CHR and that I am subject to adhere to all of the policies and procedures set forth with that agreement.

Supervisor's Signature

Telephone Number

_____ Reg _____ OT

OFFICE USE ONLY

Reg. Hrs.		Bill Rate	
OT Hrs.		Bill Rate	
Premium		Bill Rate	
On Call		Bill Rate	
Call Back		Bill Rate	
Charge		Bill Rate	
Charge OT		Bill Rate	
Holiday		Bill Rate	
		Bill Rate	