



**Healthcare  
Progressive  
Staffers**

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Lithonia, GA 30058  
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### Weekly Timesheet

All timesheets for the previous week (Sunday thru Saturday) must be submitted electronically.  
The cutoff is 10:00am Monday.

Name & Title	Hospital/Client	Department/Floor

	Date	Time In	Lunch	Time Out	Total	If over 12 hours in a shift/no lunch, explain:	Authorized Signature
<b>Sun.</b>							
<b>Mon.</b>							
<b>Tues.</b>							
<b>Wed.</b>							
<b>Thurs.</b>							
<b>Fri.</b>							
<b>Sat.</b>							

The signature of authorized person verifying hours worked by HPS temp personnel member warrants the time listed is correct and work was performed satisfactorily. Representative and client must sign the time slip. The signature acknowledges that the client recognized HPStaffers relationship with its personnel and accepts the obligation to discuss matters concerning their assignment.

I certify the hours shown below represent total hours worked and that they were properly verified by the client or authorized representative.

\_\_\_\_\_  
Signature of Healthcare Professional

\_\_\_\_\_  
Date