740 W. Alluvial Avenue, Suite 101 • Fresno, CA 93711
(800) 797-3543 • (559) 432-9800 (Local)
Payroll Fax: (877) 225-3676
www.rxrelief.com • payroll@rxrelief.com

OFFICE #: 101

TIMESHEET

FACILITY NAME:

EMPLOYEE

EMPLOYEE NAME (PRINTED) POSITION

X _____
EMPLOYEE SIGNATURE DATE EMPLOYEE ID

I understand that I am not to accept work from any client that I am assigned to by Rx relief® without first receiving written authorization from Rx relief®. I hereby certify that these hours are true and correct and that I sustained no injuries during this assignment.

Rx relief® WORKWEEK

From: _____ (Monday) To: _____ (Sunday)

OR

DIFFERENT WORKWEEK

From: _____ (Sunday) To: _____ (Saturday)

IMPORTANT: TIMESHEET MUST BE SUBMITTED TO Rx relief® BEFORE 8:00 AM PST EVERY SUNDAY

Date	Start Time	Meals		End Time	S/T	O/T	D/T	Total Time
		Out	In					
ROUND TIME TO THE NEAREST QUARTER HOUR. **GRAVEYARD: MUST BREAK SHIFTS AT MIDNIGHT.**							**TOTAL**	

Approved Expenses					
Miles	Meals	Lodge	Drive Time	On Call	Other

APPROVED BY

X _____
AUTHORIZED CLIENT SIGNATURE DATE

_____
AUTHORIZED CLIENT NAME (PRINTED) TITLE

Client approval includes verification of hours worked. **DO NOT SIGN IF HOURS ARE NOT TOTALED**. It is hereby certified by the individual signing this timesheet, on behalf of the Client, that the hours listed are correct and that the work was performed in a satisfactory manner. The Client acknowledges and understands that Rx relief® invoices are for labor and therefore agrees to pay such invoices within 14 days of receipt. If it becomes necessary for Rx relief® to place the account for collection, the Client shall be liable for attorney fees plus any and all reasonable costs, disbursements and interest in connection therewith. The Client acknowledges the substantial investment Rx relief® incurs to retain their employees (Field Associates). The Client agrees not to extend an offer of employment to an Rx relief® Field Associate without first contacting the Rx relief® office to discuss a reasonable settlement of the matter. A fee is also applicable if an Rx relief® Field Associate is hired by your company anytime within 180 days following the completion date of their assignment.

OFFICE USE ONLY

PAY: HOURS/EXPENSES				
TOTAL	S/T	O/T	D/T	HOLIDAY
MILES	MEALS	LODGE	DRIVE	ON CALL

BILL: HOURS/EXPENSES				
TOTAL	S/T	O/T	D/T	HOLIDAY
MILES	MEALS	LODGE	DRIVE	ON CALL