



# TIME SHEET

Time sheet must be received by  
midnight every Sunday via fax  
877.786.3144 or email  
timesheet@starlitstaffing.com

Worker Name (print): \_\_\_\_\_ Discipline: \_\_\_\_\_

Week Beginning: Sunday, \_\_\_\_\_ Week Ending: Saturday, \_\_\_\_\_

Day	Date	Time In	Break Time Out	Break Time In	Time Out	Daily Total Hours	Facility Name	Site	Miles If authorized	On-Call Hours	Call Back Hours	<u>Facility Signature Required</u>
Sun	/	: am : Pm	: am : pm	: am : pm	: am : pm							
Mon	/	: am : pm	: am : pm	: am : pm	: am : pm							
Tue	/	: am : pm	: am : pm	: am : pm	: am : pm							
Wed	/	: am : pm	: am : pm	: am : pm	: am : pm							
Thu	/	: am : pm	: am : pm	: am : pm	: am : pm							
Fri	/	: am : pm	: am : pm	: am : pm	: am : pm							
Sat	____/____	: am : pm	: am : pm	: am : pm	: am : pm							
<b>Total:</b>							<b>Total (if applicable):</b>					

**CLIENT** • It is understood that the individual signing this time sheet is an authorized representative of the facility and hereby certifies that the hours, miles, drive time, and/or on-call are correct and that the work was performed. Client agrees that utilization of the worker named on the top of this time sheet on either a temporary or full time basis will remain under Starlit Staffing Solutions unless a fee of 30% of worker's first year salary is paid to Starlit Staffing Solutions.

**WORKER** • By signing below you indicate that the hours, miles, drive time, and/or on-call are correct and that the work was performed. You are also fully aware that an authorized time sheet must be received by Starlit Staffing every Sunday by midnight. By signing this time sheet WORKER agrees not to work directly for the facility, independently or thru another agency for a period of one (1) year. Thus should worker violate any of these restrictions, CORPORATION is entitled to injunctive relief in addition to pursuing any and all remedies, including collection for loss of revenue, attorney fees and costs, without the necessity of posting bond or proving actual damages. Worker agrees to contact Starlit Staffing after completing this assignment and understands that if he/she does not Starlit will assume that he/she has voluntarily quit. Worker certifies that he/she has reported all injuries to Starlit Staffing Solutions.

Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

Worker Signature \_\_\_\_\_ Date \_\_\_\_\_

**Fax 877.786.3144**

PLEASE DO NOT WRITE IN THIS AREA • Office use