



Therapeutic Resources has earned
The Joint Commission's Gold Seal of Approval

THERAPEUTIC RESOURCES INC.

FAX: 888-394-2351

EMPLOYEE NAME: _____

WEEKLY TOTAL		A.M.		P.M.		DAILY TOTAL	APPROVAL
FACILITY	DATE	DAY	TIME IN	TIME OUT	TIME IN		
		SUN					
		MON					
		TUE					
		WED					
		THU					
		FRI					
		SAT					
						WEEKLY TOTAL	
						Hours Guaranteed per Contract	

*EXPLANATION OF DIFFERENCE: _____

EMPLOYEE SIGNATURE: My signature below certifies that I was away from my tax home for the time period indicated above and that the hours reported are accurate.

X _____

FACILITY SUPERVISOR SIGNATURE: X _____

INSTRUCTIONS:

- Timesheets are due by Monday (12:00 pm) following the week of work.
- If time sheets are not received by the Monday 12:00 pm following week of work, payroll checks may be delayed for up to two weeks.
- Facility Supervisor signatures are required for each facility worked.
- Employee will not be paid if time sheet does not include Supervisor's signature.
- Employee signature is required certifying hours detailed above.
- *Employee will be paid for hours worked, (not contracted hours) if approved explanation is not provided.

