

8502 Tybor Street  
Houston, TX 77074  
<http://www.MedRelief.com>



In Houston (713) 270-4836  
Outside Houston (800) 342-6704  
After Hours Nursing (713) 299-4782  
Fax (713) 596-9770  
Toll Free Fax (866) 250-5321

Name (Print)		Last 4 digits of Social Security: _____
For Week Ending	Specialty/Discipline	

Day	Date	Time In	Time Out	Lunch	Total Hours	On-Call Hours	Stats
Monday				*			
Tuesday				*			
Wednesday				*			
Thursday				*			
Friday				*			
Saturday				*			
Sunday				*			

\*A lunch break is required & encouraged. If unable to leave your assignment – a supervisor must initial a “NO LUNCH” shift. *Otherwise, a 30 minute break will be deducted.*

**OVER 40 TOTAL HOURS WORKED WITHIN ONE PAYPERIOD - MUST BE PRE-APPROVED BY MEDRELIEF AND AUTHORIZED BY THE CLIENT.**

**Timesheets are due to MEDRelief Staffing NO LATER than 12 noon the Monday following the assignment.**

I certify that 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 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 MRS after completion of my assignment to discuss another assignment. If I fail to do so, MRS will assume I am not 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 MRS and that I am responsible for knowing them.

**Call – Backs are recorded on a separate timesheet.**

Check one of the following:

- Mail Paycheck (New Employee Only)
- Hold for Pickup (New Employee Only)
- PaySource
- Direct Deposit
- Overnight (at employee expense)

To: \_\_\_\_\_

Employee Signature \_\_\_\_\_

Facility Name (Specify location/floor/department) \_\_\_\_\_

Facility Address \_\_\_\_\_

City, State and Zip \_\_\_\_\_

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 MRS is not an employment agency and that the service rendered is made possible only by a substantial investment by MRS in advertising, testing and training. Therefore, in consideration for this service made available, in the event the above named employee is hired by this facility or subsidiary within the time period specified in the contract, I agree to pay MRS a fee, per contract agreement, as liquidated damages. I also understand that by signing this timesheet, that it serves as a standard agreement that is binding with MRS and that I am subject to adhere to all of the policies and procedures set forth with that agreement.

COMMENTS:

For Office Use Only

Authorized Supervisor's Signature / Phone Number \_\_\_\_\_

**TIMESHEETS MUST BE SIGNED BY AN AUTHORIZED FACILITY EMPLOYEE TO BE PROCESSED FOR PAYMENT.**