

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



Houston (713) 270-4836
Toll Free (800) 342-6704
Fax (832) 532-3712

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	# Call Backs
Sunday							
Monday				*			
Tuesday				*			
Wednesday				*			
Thursday				*			
Friday				*			
Saturday				*			

***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 9:00 am the Monday following the assignment.
Telephone notification of all accidents must be reported to MEDRelief Staffing within 24 hours of occurrence.**

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 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**
- Hold for Pickup**
- Direct Deposit**
- Overnight (at employee expense)**

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, I am verifying and approving time worked.

Notes:

For Office Use Only

Authorized Supervisor’s Signature / Phone Number