


Weekly Timesheet				Fax timesheet to: 888-201-6674		Week Ending Saturday: __/__/__							
				Facility Name/ Company: _____									
				Department/ Unit/ Floor/ Client: _____									
Employee Name:				Downloaded timesheet from our website at: http://www.msgstaffing.com/timesheet.html									
Your Speciality:				24/7 Hotline: 888-MSG-RNRN (674-7676). msg@msgstaffing.com									
Employee Discipline: _____				Liaison _____									
RN _____				PT _____									
OT _____				OTA _____									
RT _____				LSW _____									
Admin Secretary _____				LPN _____									
				RC _____									
				SP _____									
				PTA _____									
				NP _____									
				CNA _____									
				CMA _____									
Supervisor approving overtime sign here: _____				Supervisor's Name: _____									
Total approved overtime hours: _____				Employee Signature: _____									
Use only (1) time sheet per client. Use only (1) time sheet per Department. Round all reported time to the nearest ¼ Hr													
Day	Date	Time In	Time Out	Break	Total Hours	Holiday Hours	Unit/ Floor	Client Signature	Q: Client sign if Break not taken				
Sun													
Mon													
Tues													
Wed													
Thu													
Fri													
Sat													
Total Regular Hours this Weeks						If client did not sign column Q above to certify that break/ meal not taken then 30 min will be deducted automatically on each 7-8 hour working day. All overtime must be approved							
Total Overtime Hours this Weeks													
COMPANY'S TERMS AND CONDITIONS: Please do not advance monies to Medical Staffing Group, Inc. employees. Employees are furnished to work for our organization on a temporary basis while searching for employment through Medical Staffing Group, Inc. In the event that your firm or any of its affiliates, subsidiaries or clients hire the employee named above during the temporary assignment or within a period of 365 days after the last day of any assignment with your company on a full time or consultant basis, your firm agrees to pay the permanent placement fee of 20% of the first year salary or annualized hourly rate of said employee. The foregoing also applies, without limitation, when the client enters into a prime vendor contract or other agreement with another staffing company that hires the employee to service the client. Any hours worked over 40 per week will be billed at the overtime rate of 1 & ½ times the regular time bill rate. Customer's responsibilities includes to properly supervise Assigned Employees; to be responsible for and to safeguard all aspects of its business; to provide safe working conditions and abide by all OSHA and other Safety Laws. Medical Staffing responsibilities are to assign its qualified employees to work under Customer's supervision and to pay their wages and provide benefits such as unemployment insurance and workers' compensation; to maintain their personnel and payroll records; and to pay withhold taxes.													
EMPLOYEE AGREEMENT: I agree not to accept employment with the Client/ or the Homecare Company for the term of employment with Medical Staffing Group, Inc and for the 180 days after the termination of my employment with Medical Staffing Group, Inc. I declare that I have sustained no injury on this assigned job. I certify that I worked the hours shown on this time sheet on the days indicated and that this time sheet has been certified by a person that I believe is an authorized agent of the client. In order to be paid I understand this time sheet must be completed and signed by both me and the authorized agent. I understand I must indicate my availability below for further assignment prior to submitting this timesheet. This information is necessary for our records and also informs us of your availability for future assignments. Failure to do so results in our assumption of your voluntary termination from Medical Staffing Group and may impact your eligibility for unemployment. All completed timesheet must be return to the office by Monday 12 PM.													
Sunday	<input type="checkbox"/> 7-3 <input type="checkbox"/> 3-11	Monday	<input type="checkbox"/> 7-3 <input type="checkbox"/> 3-11	Tuesday	<input type="checkbox"/> 7-3 <input type="checkbox"/> 3-11	Wednesday	<input type="checkbox"/> 7-3 <input type="checkbox"/> 3-11	Thursday	<input type="checkbox"/> 7-3 <input type="checkbox"/> 3-11	Friday	<input type="checkbox"/> 7-3 <input type="checkbox"/> 3-11	Saturday	<input type="checkbox"/> 7-3 <input type="checkbox"/> 3-11
Employee Signature:							Date:						
Supervisor Name:							Supervisor Signature:						