



# PharmaTech Staffing, Inc.

PERSONNEL RESOURCES FOR PHARMACISTS & TECHNICIANS

PO Box 28, Columbus, NJ, 08022-0028

Fax # 609-261-5490 Telephone # 800-258-7747

## TIMESHEET

Employee Name: \_\_\_\_\_

Client: \_\_\_\_\_

(Separate sheet per facility)

Address: \_\_\_\_\_

Address: \_\_\_\_\_

DAY	DATE	START	STOP	TOTAL HOURS
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				

TOTAL # OF HOURS WORKED: \_\_\_\_\_

SUPERVISORS SIGNATURE: \_\_\_\_\_

IMPORTANT REMINDER: Deadline for receipt of timesheet is Monday morning at 10:30am.

Please sign and return this timesheet to the address or fax # listed above when all work has been completed. Payroll will be processed upon receipt of timesheet signed by both you and the supervisor.

Appropriate dress is required on all assignments.

I certify that I performed the above professional services.

\_\_\_\_\_  
EMPLOYEE SIGNATURE

\_\_\_\_\_  
DATE: