



PharmaTech Staffing, Inc.

PERSONNEL RESOURCES FOR PHARMACISTS & TECHNICIANS

55 High Street, Suite 209, Mt. Holly, NJ 08060
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: