

Alegiant Healthcare - TIME SHEET

***Due MONDAY 12pm/noon EST.**

Time sheets sent after **WILL NOT** be processed until the following Friday.



Candidate Name _____

Facility Name _____

Weekday	Date	Start	End	Lunch	Total Hours	Supervisor Sign.
Sunday						
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						

DRIVE TIME	
Date	Mileage

Total Mileage: _____

Work Hours - Client Authorization

If total hours do **NOT** equal your guarantee, please indicate below

- Sick
- Requested Time Off
- Facility Dismissed Early
- Other _____

Notes

By signing below, I agree that the information inputted in this time card is correct to the best of my knowledge. Any discrepancies will be addressed with supervisor at time of signature. **Employee Signature** _____ **Date** _____

By signing below, I acknowledge that I am acting as a representative of facility listed above and have the data contained on this time card. I agree that any discrepancies of this data shall be addressed with Alegiant account representative before signing below. All inclusive contracts will be billed a minimum of 40 hours per week worked.

Facility Representative Signature _____ **Date** _____

Send completed Time Sheets to timesheets@alegiantservices.com by Monday 12pm/noon EST.