



Corporate Office: 3535 E 96th Street #104, Indianapolis, IN 46240 Ph: 317-240-1140 Fax: 317-240-1150
 2008 Hwy 44 West, Inverness, FL 34453 Ph: 352-432-0080 Fax: 352-419-6593
 5200 W Newberry Rd, Suite E-4, Gainesville, FL 32607 Ph: 352-283-8507 Fax: 352-225-3265

Toll Free Voice 888-865-1140 Fax Timesheets to: 352-419-6593

Staff Name: (Please Print)							Week Ending Sunday Date:		
Facility Name:									
Day	Date	In	Out for Lunch	In from Lunch	Out	Total Hours	Floor/Unit	Facility Initial No Lunch	Facility Supervisor Signature
Mon									
Tue									
Wed									
Thurs									
Fri									
Sat									
Sun									
Staff Signature						Total Hrs.	I would allow this worker to return to our facility for future work: Please circle one: Y N		
						O/T Hrs.			
STAFF AMERICA STAFF AGREEMENT My signature certifies the hours shown here were worked by me during the week ending designated and were certified by an authorized representative of the Company where I was assigned. My signature also certifies that no accident or injury was sustained by me while working on the assignment this week unless so noted below:									

White - Office Yellow - Customer Pink - Staff Member



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