



740 W. Alluvial Avenue, Suite 101 • Fresno, CA 93711
 (800) 797-3543 • (559) 432-9800 (Local)
Payroll Fax: (877) 225-3676
 www.rxrelief.com • payroll@rxrelief.com

OFFICE #: 101

TIMESHEET

FACILITY NAME: _____

EMPLOYEE NAME (PRINTED) _____ POSITION _____

I understand that I am not to accept work from any client that I am assigned to by Rx relief without first receiving written authorization from Rx relief. I hereby certify that these hours are true and correct and that I sustained no injuries during this assignment. I hereby attest that the time and hours recorded on this time record accurately and fully identify all time worked during the designated pay period. I acknowledge I have been provided all duty-free meal and rest periods to which I am entitled under the applicable federal or state law during the pay period. I further acknowledge that I have not violated any Rx relief policies including, but not limited to, Rx relief's policies against working off the clock, against rounding time, and working unauthorized overtime.

X _____ Date _____
 Employee Signature

Rx relief® WORKWEEK
 From: _____ (Sunday) To: _____ (Saturday)

OR

DIFFERENT WORKWEEK
 From: _____ (Monday) To: _____ (Sunday)

IMPORTANT: TIMESHEET MUST BE SUBMITTED TO Rx relief® BEFORE 8:00 PM PST EVERY SATURDAY

Date	Start Time	Meals		End Time	S/T	O/T	D/T	Total Time	Approved Expenses								
		Out	In						Miles	Meals	Lodge	Drive Time	On Call	Other			
TOTAL																	

APPROVED BY

X _____ DATE _____
 AUTHORIZED CLIENT SIGNATURE

_____ TITLE
 AUTHORIZED CLIENT NAME (PRINTED)

Client approval includes verification of hours worked. **DO NOT SIGN IF HOURS ARE NOT TOTALED.** It is hereby certified by the individual signing this timesheet, on behalf of the Client, that the hours listed are correct and that the work was performed in a satisfactory manner. The Client acknowledges and understands that Rx relief® invoices are for labor and therefore agrees to pay such invoices within 14 days of receipt. If it becomes necessary for Rx relief® to place the account for collection, the Client shall be liable for attorney fees plus any and all reasonable costs, disbursements and interest in connection therewith. The Client acknowledges the substantial investment Rx relief® incurs to retain their employees (Field Associates). The Client agrees not to extend an offer of employment to an Rx relief® Field Associate without first contacting the Rx relief® office to discuss a reasonable settlement of the matter. A fee is also applicable if an Rx relief® Field Associate is hired by your company anytime within 180 days following the completion date of their assignment.

OFFICE USE ONLY

PAY: HOURS/EXPENSES				
TOTAL	S/T	O/T	D/T	HOLIDAY
MILES	MEALS	LODGE	DRIVE	ON CALL

BILL: HOURS/EXPENSES				
TOTAL	S/T	O/T	D/T	HOLIDAY
MILES	MEALS	LODGE	DRIVE	ON CALL