



TIME SHEET

One Elizabeth Place Suite 110, Dayton, OH 45409 Ph: 937-228-7007 Fax: 888-881-2575 Email: Timeslip@altostaffing.com

PLEASE UPLOAD INTO THE WORK FORCE PORTAL & MATCH SHIFT

ADVANCED PAY check here

Alto Employee Name: _____ Title: _____

Client or Facility Name: _____

Day	Date	Floor/Unit	Time IN	Less Lunch	Client Signature if no lunch	Time OUT
Sunday						
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						

Approved time sheets are the confirmation that the employee's services and work are deemed acceptable as provided per the Service Agreement and agreed upon rates. An authorized agent for the above-named client certifies that the information on the time sheet is true and accurate including hourly total and grant approval by valid signature.

Lunches will automatically be deducted unless indicated and signed by client.

Client/Facility Representatives Name and Title: (Print) _____

Client/Facility Representative Signature: _____

Alto Employee Signature: _____

Due by noon on Monday for Friday's pay date: Due by 10am daily for Advanced Pay @ 70% by 5pm.