



Your position is our mission.

TIME SHEET

ALTO HEALTH CARE STAFFING
One Elizabeth Place • Suite 110 • Dayton, Ohio 45417
Phone (937) 228-7007 • Fax Time Slips (888) 881-2575
Email: TimeSlips@AltoStaffing.com • www.AltoStaffing.com

Please submit White slip or copy to Cirrus Consulting by Noon each Monday. Maintain the Pink Copy for your record. Leave Yellow copy with Client.

NAME: _____ TITLE: _____ CLIENT: _____

Day	Date	Unit/Floor	Time IN	Less Lunch	Time OUT	Total hours	Mileage	Client Signature
Sunday								
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								
Saturday								

Approved time sheets are the confirmation that the consultants services and work are deemed acceptable as provided per the Service Agreement and agreed upon hourly bill rate. 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 a valid signature. Copy of the time sheet can be left with agent at request. In the event that CLIENT determines or experiences a concern regarding the consultant's services or work performed, CLIENT may request Cirrus to correct or improve its performance by giving Cirrus either written or verbal notice. Cirrus shall efficiently expedite action to correct the deficiency/concern or to make reasonable accommodation to the CLIENT.

CONSULTANT SIGNATURE: _____ CLIENT SIGNATURE: _____



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