



## TIME SHEET

One Elizabeth Place Suite 110, Dayton, OH 45417 Ph: 937-228-7007 Fax: 888-881-2575 Email: [Timeslips@altostaffing.com](mailto:Timeslips@altostaffing.com)

**PLEASE UPLOAD INTO THE WORK FORCE PORTAL & MATCH SHIFT**

**Priority Pay check here**

Alto Employee Name: \_\_\_\_\_ Title: \_\_\_\_\_

Client or Facility Name: \_\_\_\_\_

Day of the Week	Date	Floor/Unit	Time IN	Less Lunch	Client Signature if no lunch	Time OUT

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: \_\_\_\_\_

**For Regular Pay, Time Sheets due by Monday at 5pm**

**For Priority Pay, Time Sheet due by 10am each day for 70% pay, Excluding holiday and weekends**

**Time Sheets must be complete, accurate & on time to be paid on time, incomplete, inaccurate or late Time sheets will cause delays in pay.**