



TIME SHEET

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

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 |
|-----------------|------|------------|---------|------------|------------------------------|----------|
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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.