



TIMESHEETS

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	Meal Break Start	Meal Break End	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 timesheet is true and accurate including hourly total and grant approval by valid signature.

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

Client/Facility Representatives Signature: _____

Alto Employee Signature: _____

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

For Priority Pay, Time Sheets due by 10am each day for 70%, 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.