



Holsman Healthcare, LLC

(including all of its subsidiaries and affiliates)

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www.holsmanhealthcare.com | www.holsmanpt.com

WEEKLY EMPLOYEE TIMESHEET

NAME: _____ DISCIPLINE: _____

FACILITY: _____ WEEK OF: _____

DAY	DATE	TIME IN	TIME OUT	TIME IN	TIME OUT	HOURS
SUN						
MON						
TUE						
WED						
THU						
FRI						
SAT						
TOTAL HOURS						

Please be guided by the following:

1. Use a separate time record for each week, each assignment, and each facility.
2. A copy of this timesheet must be faxed or emailed to Joy at info@holsmanhealthcare.com or 973-759-0557 and one kept by the employee.
3. Timesheets must be submitted by NOON on the Monday following the work week.

IMPORTANT FOR EMPLOYEE/CONTRACTOR: By executing this form, employee/contractor certifies that the time entries on this form are true and accurate, and that EMPLOYEE/CONTRACTOR has not worked any other hours that are not set forth on this form, and that no workplace injuries were suffered during the workweek. I am further aware that I may not work overtime without the express written permission of HHC and that if I violate any of the provisions set forth herein or fraudulently record my hours I may be subject to discipline, up to and including termination. Employee/Contractor also agrees to the terms and conditions concerning EMPLOYEE/CONTRACTOR on the bottom of form.

Employee/Professional's Signature: _____

Facility Representative's Name: _____

Representative's Signature: _____

Employer's Signature: _____

In consideration of my employment at Holsman Healthcare, LLC, including all of its subsidiaries and affiliates., (hereinafter "Company"), I agree to comply with the terms of my Employment set forth in the Holsman Employee Handbook. By submitting and signing this timesheet, I acknowledge that the company has informed me to download and read the Holsman Employee Handbook which can be found in the company website (<http://www.holsmanhealthcare.com/Holsman%20Healthcare%20Employee%20handbook.pdf>) and confirm that I read and understand the same, including any succeeding updates made thereto. I further acknowledge that if I violate any provision of the Holsman Employee Handbook, The Company is entitled to obtain compensatory or any such equitable relief against me at my expense including but not limited to (1) injunctive relief; and (2) recovery of attorneys' fees and costs.