

TIME SHEET GUIDLINES

1. Please fill out the time sheet completely. Record arrival and departure time and then subtract lunch time. Record only hours actually worked. Do not include PDO hours with regular hours – use the separate PDO request form.
2. A time sheet that is signed by both you and the client should be mailed to us every Friday. If the client is not available to sign your time sheet on Friday, mail or FAX an unsigned photocopy on Friday and the signed original on Monday. It is **YOUR** responsibility, **NOT THE CLIENT'S**, to make sure the time sheet is signed and mailed by the end of the day on Friday. It is **CRUCIAL** that you mail us a time sheet every **Friday** so that we can process payroll promptly.

If your hours worked are not received by 4:00 p.m. on Tuesday; by MAIL, FAX OR VOICE MAIL, a check will NOT BE PROCESSED UNTIL THE FOLLOWING PAY PERIOD. Claim Net will mail paychecks ONLY AFTER A TIME SHEET SIGNED BY BOTH THE CLIENT AND THE EMPLOYEE is received.

3. Please note that overtime is not authorized. **DO NOT WORK MORE THAN 40 HOURS IN ONE WEEK** without prior approval from Claim Net.
4. The pay period ends on Sunday. Payroll processing, check generation and mailing takes place during the week following the close of the pay period. Paychecks are issued every week unless hours are not received by 4:00pm Tuesday. Hours received after 4:00pm Tuesday will be processed with any hours in the following pay period.
5. Claim Net has a voice mail system. To call in your hours, press “5” at the main message, and follow the program prompts. If you need to leave a message for the Financial Services Department, please call 800-552-5246 extension 311.

Employee Name: (Please Print)												
Social Security # OR Employee #										Week Ending Sunday		Month / Day / Year
Dates: Month / Day			/	/	/	/	/	/	/	/	/	
			Mon	Tues	Wed	Thurs	Fri	Sat	Sun			
Time In			:	:	:	:	:	:	:	:		
Lunch Out			:	:	:	:	:	:	:	:		
Lunch In			:	:	:	:	:	:	:	:		
Time Out			:	:	:	:	:	:	:	:		
<i>Total Reg. Time</i>												
<i>Total Overtime**</i>												

****NO OVERTIME IS TO BE WORKED WITHOUT PRIOR APPROVAL BY CLAIM NET**

Total Hours Worked
(Round to nearest ¼ hours)

Regular Time Hours Worked	Overtime	
	Hours Worked	Supervisor Initials

*All Overtime MUST BE initialed by supervisor.
Initial indicates the client authorizes overtime
And understands the company will be billed for all
Hours worked, including time and a half for overtime

Client:
Dept/City:
I am authorized to verify time sheets on behalf of the company. I certify that I have audited this time sheet and the employee worked the hours indicated.
Client Signature:
I hereby verify the above hours to be correct and have been certified by the client
Employee Signature:

*Rates are quoted if paid within 30 days of billing and shall increase 1.5% per month until paid.

COMMENTS (Call your Service Coordinator if your assignment has ended, or your address has changed):

Time sheet MUST be received in our offices no later than 2:00pm on the Tuesday following the week ending.

Claim Net, Inc.

Phone (800) 552-5246

Fax (714) 781-5915