



# Time Sheets are due by 12:00 AM EST (9:00 PM PST) Sunday.

Time Sheets received later than 12:00 AM EST (9:00 PM PST) Sunday may be delayed for processing.

Fax: 877-309-5038

Email: payroll@pprtmg.com

Text: 904.289.3013

Employee Name: \_\_\_\_\_

Recruiter: \_\_\_\_\_

Pay period: \_\_\_\_\_

Facility/ Department:					Unit Manager:			Supervisor Name (Printed):		Timekeeping System:	
Day	Date	Start Time	Lunch	End Time	Hours	On Call	Call Back	Supervisor Signature		Notes	
SUN						Start:	Start:				
[ ]Cancelled [ ]Volunteered to leave [ ]Sick [ ]Vacation [ ]Holiday [ ]Charge [ ]Orientation						End:	End:				
MON						Start:	Start:				
[ ]Cancelled [ ]Volunteered to leave [ ]Sick [ ]Vacation [ ]Holiday [ ]Charge [ ]Orientation						End:	End:				
TUES						Start:	Start:				
[ ]Cancelled [ ]Volunteered to leave [ ]Sick [ ]Vacation [ ]Holiday [ ]Charge [ ]Orientation						End:	End:				
WED						Start:	Start:				
[ ]Cancelled [ ]Volunteered to leave [ ]Sick [ ]Vacation [ ]Holiday [ ]Charge [ ]Orientation						End:	End:				
THURS						Start:	Start:				
[ ]Cancelled [ ]Volunteered to leave [ ]Sick [ ]Vacation [ ]Holiday [ ]Charge [ ]Orientation						End:	End:				
FRI						Start:	Start:				
[ ]Cancelled [ ]Volunteered to leave [ ]Sick [ ]Vacation [ ]Holiday [ ]Charge [ ]Orientation						End:	End:				
SAT						Start:	Start:				
[ ]Cancelled [ ]Volunteered to leave [ ]Sick [ ]Vacation [ ]Holiday [ ]Charge [ ]Orientation						End:	End:				

Please use the quarter hour rule when calculating total hours. 15 MIN = .25HRS 30MIN = .50HRS 45MIN = .75HRS      2. If your break is left **blank**, payroll will assume a half-hour (30 MIN) break

Employee Signature:		Total Hours:		OC		CB		Supervisor Signature:		Overtime Approved? [ ] YES [ ] NO
										Date Approved:

Employee Signature: By signing this timesheet, I verify and attest that my hours are accurate and were authorized by personnel at my facility. I understand that it is my responsibility to audit this timecard and any errors are my liability.

Client Approval: I have audited this timecard and my signature above authorizes PPR to pay this employee and bill our facility for the hours recorded.