



Belk & Associates, Inc.

"Your Resource for Medical Staffing"

INDEPENDENT CONTRACTOR TIME SHEET

For Week Ending _____

NAME: _____

LOCATION: _____

Please fill in below if your mailing address has changed since your last assignment:

Prepared by: _____

Approved by: _____

	DATE (mm/dd/yy)	BEGIN TIME	END TIME	ON CALL Y/N	LUNCH TAKEN	TOTAL HOURS
MON						
TUES						
WED						
THURS						
FRI						
SAT						
SUN						
TOTAL HOURS FOR WEEK:						

MILEAGE: _____

Please deduct lunch taken and total hours worked for each day, then total for week ending.

TIMESHEETS MUST BE RECEIVED BY **MONDAY A.M.** FOR THE PREVIOUS WEEK, ALONG WITH HOTEL RECEIPTS, ETC. -- Fax to 256.389.9000

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