



**FAX ALL TIMECARDS TO:  
310-436-3657**

Contact 365 Healthcare Staffing Services: 310-436-3650

**WEEK ENDING (SUNDAY):** \_\_\_\_\_

**EMPLOYEE NAME:** \_\_\_\_\_

**CLIENT NAME:** \_\_\_\_\_

**FACILITY LOCATION:** \_\_\_\_\_

DATE	TIME IN	TIME OUT FOR LUNCH	TIME BACK IN	TIME OUT	REG Hours	OT HRS	DT HOURS
MONDAY							
TUESDAY							
WEDNESDAY							
THURSDAY							
FRIDAY							
SATURDAY							
SUNDAY							
				<b>TOTAL HOURS</b>			

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

By signing this timecard, I certify that I have not been involved in a work-related injury or accident resulting in personal injury. I also certify that I have taken my required lunch break each day that I worked.

**Client Manager Name:** \_\_\_\_\_

**Client Manager Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

As an authorized representative of my company, I certify that all hours shown on this time sheet are correct and the work was performed in a satisfactory manner. I agree to be billed by Westways Staffing Services for the above hours. I additionally agree to pay for the time for which I have signed.

**365 GUIDELINES: All signed timecards must be faxed to 310-436-3657 by Monday @ 2pm. Any timecards received after this deadline will not be processed until the following payroll week. YOUR TIMECARD IS YOUR RESPONSIBILITY! Do not rely on someone else to fax your timecard. We will not produce a check without a properly filled out timecard, signed by your supervisor. NO CHECK WILL BE RELEASED WITHOUT A SIGNED TIMECARD. Round your hours to the nearest quarter hour. Call 365 Healthcare Staffing Services @ 310-436-3650 after you have faxed your timecard to confirm receipt. PAYDAY IS FRIDAY. Delivery of checks will be delayed one business day during holiday weeks.**