



Fax Time Sheets to: 713-583-3343

Name: _____

		Facility Worked					State Worked		MINT PHYSICIAN STAFFING TIMESHEET							
		Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Notes							
Date																
Start Shift																
Lunch	Out															
	In															
End Shift																
									PAYROLL DEPARTMENT USE ONLY:							
									Total Hours	Rate	Total Mileage	Mileage Rate	Gross	Tax Withholding	Net	Total
TOTAL HOURS																
MILEAGE																
INSTRUCTIONS FOR COMPLETING THE TIMESHEET: <ul style="list-style-type: none"> • Timesheets due by Monday at 9 am • Personally complete and sign this timesheet. • List total hours for each day including regular hours worked and time away from work in the appropriate categories • Add columns down for each day. • List mileage if applicable • Must be signed by client before you leave facility • Failure to get client signature before submitting may delay payment • Questions please call our office at 713-541-1177 																
Client Signature						Date			Employee/Contractor Signature:							
Client Print Name									Date:							