

TIME REPORT

Name of Temporary/WI: _____

STD Location: _____

Title of Temporary/WI: _____

**E-mail to Payroll:
Payroll@stxhealthcare.com**

Pay Rate/Hr: _____

Pay Period Ending Date: _____

(Must match amount listed in box below)

Work Period		Morning	Lunch		Afternoon	Hours Worked This Week			Remarks
Day	Date	Time In	Time Out	Time In	Time Out	Regular Hours	Overtime Hours	Total Hours	Explain any Time Off
Monday									
Tuesday									
Wednesday									
Thursday									
Friday									
Saturday									
Sunday									
Totals									

INSTRUCTIONS for the Temporary Employee

The temporary employee is responsible for submitting the STDA/STX time report for approval by the Office Manager & E-mail to Payroll: Payroll@stxhealthcare.com no later than the end of business on the Saturday following the Sunday ending the pay period. If The Company Time Report is not faxed before the deadline the temporary employee will not receive a paycheck until the next pay period. No exceptions.

I have agreed that my temporary rate of pay will be \$_____ per hr. unless otherwise specified and approved by The Company HR Dept. If I am offered a full time position with The Company, I understand that my salary as an employee will be discussed with me before I accept the position and may be contingent upon test results and corporate approval.

*Temporary employee paycheck will be mailed to home address listed on the W-4
 * If The Company finds it necessary to cancel a check, the \$25.00 charge to cancel the paycheck will be paid by the temporary/working interview employee.
 * This Company Time Report must be used to report the time for one week ONLY. Do not make double entries on a daily basis to report two weeks of time on one Company Time Report because it will delay the calculation of time and payment of the and the delivery of your paycheck.

Signature of Temporary Employee

Signature of the Office Manager

Printed Name of the Office Manager