



WEEKLY TIME SHEET

8800 E Chaparral Rd, Suite 105, Scottsdale AZ 85250

email: payrollsupport@AcclivityHealthcare.com

fax: 480.551.1411 / 800.813.4717

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Please check here if this is the final
Time Sheet for this assignment

Please call the Payroll Department at
480.305.6105 with any questions

THE FOLLOWING IS REQUIRED:

1. Time sheets must be received by MONDAY for payroll. Time sheets received after Monday will be held for payment on the following week's payroll.
2. Time sheets must be approved by your direct supervisor. YOUR SUPERVISOR HAS THE FINAL SAY CONCERNING APPROVAL OF YOUR TIME WORKED.
3. Time sheets are to be kept current on a daily basis and are to be kept on your person at all times. Time sheets ARE NOT to be kept at the job site.
4. ACCURATELY LOG YOUR TIME ON A DAILY BASIS SO THAT WE MAY ENSURE ACCURATE BILLING TO OUR CLIENT. OUR CLIENT HAS THE RIGHT TO REVIEW YOUR TIME SHEET ON DEMAND.
5. Failing to call in sick within 30 minutes of your start time constitutes job abandonment. You must call your direct supervisor and this office each day not worked.

Employee Name	Client Assigned
Work Phone	Cell/Home Phone
Week Ending Date (Sunday)	Email

	MON	TUE	WED	THUR	FRI	SAT	SUN
Date: / / / / / / /							
Start Time*							
End Time*							
Lunch (length)* 15 min, 30 min, 45 min, 1 hr							
Daily Total*							

TOTAL HOURS FOR WEEK: _____

*** Please round all times to the nearest quarter of the hour**

Employee Signature:	Date:
YOUR SIGNATURE ABOVE CONSTITUTES ACCEPTANCE OF ALL ACCLIVITY POLICIES	
Authorized Signature:	Date:
Supervisor Comments:	

YOUR SIGNATURE ABOVE CONSTITUTES APPROVAL OF ALL HOURS WORKED AND OF OUR FEE AGREEMENT*

* Invoices are due and payable within thirty days. All past due invoices will be subject to a 1.5% service charge per month until paid. In the event an account is turned over to an attorney for collection, the employer/client shall pay all reasonable attorney fees, costs, and other expenses incurred therein.