



Timesheets received via email, text or fax to:

- Email: accounting@mssi.com
- Text: 763-355-8476
- Fax to: 1-715-736-2071 or toll free 1-866-736-2071

Name: _____

Phone: _____

Week Ending on Saturday: _____

| Regular Hours Worked - Please Use Military Time To the Minute | | | | | | | | Total Regular Hours | Check All That Apply | | | No Break - Initials of Manager |
|---|------|-----|------------|--|--|--|--|---------------------|----------------------|-----------------------|-------------|--------------------------------|
| Facility | Unit | Day | Date MM/DD | Time In Hours/Minutes | Lunch Out Hours/Minutes | Lunch In Hours/Minutes | Time Out Hours/Minutes | | Left by choice | Sent home by Facility | Extra Shift | |
| | | SUN | / | <input type="checkbox"/> AM : <input type="checkbox"/> PM | <input type="checkbox"/> AM : <input type="checkbox"/> PM | <input type="checkbox"/> AM : <input type="checkbox"/> PM | <input type="checkbox"/> AM : <input type="checkbox"/> PM | | | | | |
| | | MON | / | <input type="checkbox"/> AM : <input type="checkbox"/> PM | <input type="checkbox"/> AM : <input type="checkbox"/> PM | <input type="checkbox"/> AM : <input type="checkbox"/> PM | <input type="checkbox"/> AM : <input type="checkbox"/> PM | | | | | |
| | | TUE | / | <input type="checkbox"/> AM : <input type="checkbox"/> PM | <input type="checkbox"/> AM : <input type="checkbox"/> PM | <input type="checkbox"/> AM : <input type="checkbox"/> PM | <input type="checkbox"/> AM : <input type="checkbox"/> PM | | | | | |
| | | WED | / | <input type="checkbox"/> AM : <input type="checkbox"/> PM | <input type="checkbox"/> AM : <input type="checkbox"/> PM | <input type="checkbox"/> AM : <input type="checkbox"/> PM | <input type="checkbox"/> AM : <input type="checkbox"/> PM | | | | | |
| | | THU | / | <input type="checkbox"/> AM : <input type="checkbox"/> PM | <input type="checkbox"/> AM : <input type="checkbox"/> PM | <input type="checkbox"/> AM : <input type="checkbox"/> PM | <input type="checkbox"/> AM : <input type="checkbox"/> PM | | | | | |
| | | FRI | / | <input type="checkbox"/> AM : <input type="checkbox"/> PM | <input type="checkbox"/> AM : <input type="checkbox"/> PM | <input type="checkbox"/> AM : <input type="checkbox"/> PM | <input type="checkbox"/> AM : <input type="checkbox"/> PM | | | | | |
| | | SAT | / | <input type="checkbox"/> AM : <input type="checkbox"/> PM | <input type="checkbox"/> AM : <input type="checkbox"/> PM | <input type="checkbox"/> AM : <input type="checkbox"/> PM | <input type="checkbox"/> AM : <input type="checkbox"/> PM | | | | | |

- Pay periods start on Sunday and end on Saturday.
- Timesheets may be turned in as soon as your week is done, but are due by NOON - Central Time on Mondays.
- Lunch breaks are mandatory unless notated and approved by Manager.
- Timesheets MUST be signed by both facility and employee / contractor to be valid.
- To verify receipt of timesheet call: 1-877-217-9825.

Total Hours:

| On Call / Called In Hours - Please Use Military Time to the Minute | | | | | | | | Total On Call Hours | Total Call In Hours | No Break - Initials of Manager |
|--|------|-----|------------|--|--|--|--|---------------------|---------------------|--------------------------------|
| Facility | Unit | Day | Date MM/DD | On Call Hours/Minutes | Call In - In Hours/Minutes | Call In - Out Hours/Minutes | Off Call Hours/Minutes | | | |
| | | SUN | / | <input type="checkbox"/> AM : <input type="checkbox"/> PM | <input type="checkbox"/> AM : <input type="checkbox"/> PM | <input type="checkbox"/> AM : <input type="checkbox"/> PM | <input type="checkbox"/> AM : <input type="checkbox"/> PM | | | |
| | | MON | / | <input type="checkbox"/> AM : <input type="checkbox"/> PM | <input type="checkbox"/> AM : <input type="checkbox"/> PM | <input type="checkbox"/> AM : <input type="checkbox"/> PM | <input type="checkbox"/> AM : <input type="checkbox"/> PM | | | |
| | | TUE | / | <input type="checkbox"/> AM : <input type="checkbox"/> PM | <input type="checkbox"/> AM : <input type="checkbox"/> PM | <input type="checkbox"/> AM : <input type="checkbox"/> PM | <input type="checkbox"/> AM : <input type="checkbox"/> PM | | | |
| | | WED | / | <input type="checkbox"/> AM : <input type="checkbox"/> PM | <input type="checkbox"/> AM : <input type="checkbox"/> PM | <input type="checkbox"/> AM : <input type="checkbox"/> PM | <input type="checkbox"/> AM : <input type="checkbox"/> PM | | | |
| | | THU | / | <input type="checkbox"/> AM : <input type="checkbox"/> PM | <input type="checkbox"/> AM : <input type="checkbox"/> PM | <input type="checkbox"/> AM : <input type="checkbox"/> PM | <input type="checkbox"/> AM : <input type="checkbox"/> PM | | | |
| | | FRI | / | <input type="checkbox"/> AM : <input type="checkbox"/> PM | <input type="checkbox"/> AM : <input type="checkbox"/> PM | <input type="checkbox"/> AM : <input type="checkbox"/> PM | <input type="checkbox"/> AM : <input type="checkbox"/> PM | | | |
| | | SAT | / | <input type="checkbox"/> AM : <input type="checkbox"/> PM | <input type="checkbox"/> AM : <input type="checkbox"/> PM | <input type="checkbox"/> AM : <input type="checkbox"/> PM | <input type="checkbox"/> AM : <input type="checkbox"/> PM | | | |

EMPLOYEE / CONTRACTOR SIGNATURE:

I certify that hours reported are filled out accurately, with exact and **LEGIBLE** information, and that my timesheet must be received by MSSI no later than **NOON - Central Time on Mondays**. Any discrepancy of these terms may result in delay of compensation.

I understand and agree that I will receive travel, housing and M&I reimbursements as applicable per my Employment Agreement (EA).

TRAVEL EXPENSE: (first/last week per EA)

Mileage Total: _____
Airfare Receipts to Accounting@mssi.com

Employee / Contractor Signature

COMMENTS:

FACILITY AUTHORIZATION: Please check **ONLY ONE** of the following options, sign and **PRINT** your name.

Available for Guarantee - I certify the above hours worked are correct and the employee/contractor was available to work the guaranteed hours.

Not Available for Guarantee - I certify the above hours worked are correct and the employee/contractor was not available to work the guaranteed hours.

Printed Authorized Facility Name

Authorized Facility Signature