

ORIGINAL TIME SHEET MUST BE AT M.E.D. OFFICE BY WEDNESDAY OF NEXT WEEK.  
 No paycheck will be released until original time sheet signed by your supervisor has been received. Write -M.E.D. Copy/ Yellow - Client Copy/ Pink - Employees Copy

**Medical Employment Directory of St. Louis, LLC**  
**FAX: 314-434-7805**

DATE	MON.	TUES.	WED.	THURS.	FRI.	SAT.	SUN.	YOUR NAME (PLEASE PRINT)	LAST FOUR DIGITS OF SOCIAL SECURITY NO.	WEEK ENDING SUNDAY	MO.	DAY	YR.
	HRS : MIN	HRS : MIN	HRS : MIN	HRS : MIN	HRS : MIN	HRS : MIN	HRS : MIN						
TIME IN								ASSIGNMENT COMPLETED <input type="checkbox"/> YES <input type="checkbox"/> NO					
LUNCH OUT													
LUNCH IN								TOTAL HOURS WORKED STRAIGHT TIME      OVERTIME HRS      MIN      HRS      MIN					
TIME OUT													
TIME TOTAL								SUPERVISOR'S SIGNATURE CLIENT/COMPANY NAME PLEASE RE-TOTAL HOURS					

- The individual signing this time sheet must be an authorized representative of the company and hereby certifies that the hours are correct.
- Client will not entrust M.E.D. employees with the care or control of cash, checks or other valuables. Any claim must be reported within 10 days after discovery of the occurrence.
- Client agrees that utilization of the employee named on this time sheet on either a temporary or permanent basis within one year from the date on the time sheet will be through M.E.D. and employer will assume all financial responsibility for payment of the fees.
- Client accepts full responsibility for claims involving physical loss or damage to client's equipment or injury to patients while in the care or control of M.E.D. and its employees.

**M.E.D.**  
 2343 WELDON PARKWAY  
 ST. LOUIS, MO 63146  
 (314) 434-7800