



Weekly Timesheet

FAX: 1-855-248-6886

Email: timesheets@msgstaffing.com

Timesheets MUST be faxed or emailed to the office no later than 10:00am E.S.T. Monday Morning

Employee Name: _____ Facility Name: _____ Facility Location: _____

	Date	Time In		Break	Time Out		Hours Worked	Round trip Mileage*	Client Signature	Client Initials
	MM/DD/YY	HH:MM	CIRCLE AM/PM	Minutes	HH:MM	CIRCLE AM/PM	HH:MM			Approving Paid Break*
Sunday			AM PM			AM PM				
Monday			AM PM			AM PM				
Tuesday			AM PM			AM PM				
Wednesday			AM PM			AM PM				
Thursday			AM PM			AM PM				
Friday			AM PM			AM PM				
Saturday			AM PM			AM PM				
Total Regular Hours								*Only if applicable	*Client must initialize Paid Break to avoid a 30-minute deduction	
All overtime must be approved		Total Overtime Hours								

By signing this timesheet, I certify under Penalty of Perjury that I have carefully reviewed this timesheet and that the hours reported on this timesheet, including all start and stop times, are accurate. I was allowed an uninterrupted meal period that was at least 30 minutes in duration. I have not reported more or less time than I actually worked. I declare that I have sustained to injury while on the assignment. I will not sign this timesheet if it is not accurate and will report any inaccuracies to the MSG Payroll Department office at 508-799-7674 immediately.

Employee Signature

____/____/____
Date

Supervisor Name (print)

Supervisor Signature

____/____/____
Date

For help filling out the time sheet, go to <https://youtu.be/WMW-7-3LHEs>