



21 Saco Street  
 Westbrook, ME 04092  
 P 207 591 4157  
 F 207 591 4159  
 Call us toll free 888 760 9936

MAS Employee Name \_\_\_\_\_(RN, LPN, CNA, CRMA,CMT)

Facility \_\_\_\_\_

**Time sheets must be faxed by 12:00 noon on Monday to 866-611-6660**

*\*Altered or unsigned time cards will not be accepted. All hours are rounded to nearest 1/4hr.*

	DATE	TIME IN Nearest 1/4 hr	LUNCH Less 1/2 hr	TIME OUT Nearest 1/4 hr	TOTAL HOURS	FACILITY INITIALS
SUNDAY						
MONDAY						
TUESDAY						
WEDNESDAY						
THURSDAY						
FRIDAY						
SATURDAY						

**\*Employee Verification:** I hereby certify that the hours shown were worked by me at the facility named above and was verified by an authorized Representative of the above client.

\_\_\_\_\_  
 MAS Medical Staffing Employee

\_\_\_\_\_  
 Date

**\*Client Verification:** I hereby certify that the above named employee has worked the hours listed above; the work was performed to the satisfaction of the client and that payment is hereby approved.

\_\_\_\_\_  
 Authorized Representative of Facility/Title

\_\_\_\_\_  
 Date