



SYSTEMS ASSESSMENT & RESEARCH, INC.

NAME: _____

Employee ID: _____

BI-WEEKLY TIME SHEET

Period Ending: _____

MONTH _____ H O U R S CONTROL # _____

Contract Name Billable	Job No.	Task Suffix		CLIN	DESCRIPTION	Pay Type	H O U R S															Grand Total				
		No.	No.				1	2	3	4	5	6	7	8	9	10	11	12	13	14	15					
Alternative Medicine	5000	001	41	0003	Regular	R																				
Alternative Medicine	5000	001	41	0003	On-call Beeper Weekday																					
Alternative Medicine	5000	001	41	0003	On-call Beeper Weekday																					
Alternative Medicine	5000	001	41	0003	On-call Response Back																					

SUBTOTAL

MONTH _____ H O U R S

Contract Name Billable	Job No.	Task Suffix		CLIN	DESCRIPTION	Pay Type	H O U R S														Grand Total					
		No.	No.				16	17	18	19	20	21	22	23	24	25	26	27	28	29		30	31			
Alternative Medicine	5000	001	41	0003	Regular	R																				
Alternative Medicine	5000	001	41	0003	On-call Beeper Weekday																					
Alternative Medicine	5000	001	41	0003	On-call Beeper Weekday																					
Alternative Medicine	5000	001	41	0003	On-call Response Back																					

SUBTOTAL

H O U R S

Other General Accounts							H O U R S																			
Personal Time Off (PTO)	0220	000	00	V																						
Holiday	0305	000	00	H																						
Jury Duty	0307	000	00	JUR																						
Any Other Leave	0609	000	00	BER																						
Leave Without Pay	0310	0	0	LWOP																						

GRAND TOTAL ALL HOURS

Employee's Signature: _____

Supervisor's Name and Signature: _____

**FAX TO: 301-731-4303 OR 301-731-4344
ATTENTION: PAYROLL**