SYSTEMS ASSESSMENT & RESEARCH, INC.

NAME: **Employee ID:**

BI-WEEKLY TIME SHEET

Period Ending:

MONTH **CONTROL #**

Contract Name / Billable	Job No.	Task No.	Suffix No.	CLIN	DESCRIPTION	Pay Type	HOURS 1	2	3	4	5	6	7	8	9	10	11	12	13	14	15			Grand Total
General Anesthesiologists	5000	001	41	0001	Regular	R																		
General Anesthesiologists	5000	001	41	0001	On-call Beeper Weekday																			
General Anesthesiologists	5000	001	41	0001	On-call Beeper Weekend																			
General Anesthesiologists	5000	001	41	0001	On-call Response Back																			
SUBTOTAL																								

MONTH

Contract Name / Billable	Job No.	Task No.	Suffix No.	CLIN	DESCRIPTION	Pay Type	HOURS 16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31			Grand Total
General Anesthesiologists	5000	001	41	0001	Regular	R																			
General Anesthesiologists	5000	001	41	0001	On-call Beeper Weekday																				
General Anesthesiologists	5000	001	41	0001	On-call Beeper Weekend																				
General Anesthesiologists	5000	001	41	0001	On-call Response Back																				
SUBTOTAL																									

						HOURS																			
Other General Accounts																									
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