



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	H O U R S															Grand Total								
							1	2	3	4	5	6	7	8	9	10	11	12	13	14	15									
Pain Management Anesth	5000	001	41	0002	Regular	R																								
Pain Management Anesth	5000	001	41	0002	On-call Weekday																									
Pain Management Anesth	5000	001	41	0002	On-call Weekend																									
Pain Management Anesth	5000	001	41	0002	On-call Response Back																									

SUBTOTAL

MONTH _____ H O U R S

Contract Name Billable	Job No.	Task No.	Suffix No.	CLIN	CLIN	Pay Type	H O U R S														Grand Total									
							16	17	18	19	20	21	22	23	24	25	26	27	28	29		30	31							
Pain Management Anesth	5000	001	41	0002	Regular	R																								
Pain Management Anesth	5000	001	41	0002	On-call Weekday																									
Pain Management Anesth	5000	001	41	0002	On-call Weekend																									
Pain Management Anesth	5000	001	41	0002	On-call Response																									

SUBTOTAL

H O U R S

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**