



# SYSTEMS ASSESSMENT & RESEARCH, INC. (SAR CORP.)

Employee ID:

## SEMI-MONTHLY TIMESHEET

Period Ending:

NAME:

MONTH

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	Weekend	O																							
Alternative Medicine	5000	001	41	0003	Holiday	O																							

SUBTOTAL

MONTH

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	Weekend	O																							
Alternative Medicine	5000	001	41	0003	Holiday	O																							

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																										
<b>GRAND TOTAL ALL HOURS</b>																														

Employee Signature

Date

Supervisor's Name and Signature:

SAR Corp Corporate Office: 5100 Forbes Boulevard, Suite 100, Lanham, MD 20706 \* (301) 731-4300

TIMESHEETS CAN BE FAXED TO: 301-731-4344 OR EMAILED TO PAYROLL@SARCORP.COM

