SYSTEMS ASSESSMENT & RESEARCH, INC.

Name:

Employee ID:

SEMI-MONTHLY TIME SHEET

Period Ending:

MONTH _____

Control # ERR

							HOURS														
Contract Name / Billable	Job No.	Task No.	Suffix No.	Lab Code	Description	Pay Type															Grand Total
DEWITT RADI FT. BELVOIR Radiologist	4100	030	41	R9	WEEKDAY REGULAR	R															
DEWITT RADI FT. BELVOIR Radiologist	4100	030	41	WR	ON CALL WEEKDAY	R															
DEWITT RADI FT. BELVOIR Radiologist	4100	030	41	WR	ON CALL WEEKEND	R															
DEWITT RADI FT. BELVOIR Radiologist	4100	030	41	RW	ON CALL RESPONSE	R															
DEWITT RADI FT. BELVOIR Ultra Sound Tech	4100	030	41	U9	WEEKDAY REGULAR	R															
PAID TIME OFF (PTO)	0220	000	00		LEAVE	V															
HOLIDAY	0305	000	00		LEAVE	R															
JURY DUTY	0307	000	00		LEAVE	R															
MILITARY	0307	000	00		LEAVE	R															
BEREAVEMENT	0308	000	00		LEAVE	R															
OTHER LEAVE	0309	000	00		LEAVE	R															
LEAVE WITHOUT PAY (LWOP)	0310	000	00		LEAVE	L															
					Total Hours																

Employee's Signature:

Supervisor's Name and Signature:

FAX TO: 301-731-4303 OR 301-731-4344

ATTENTION: HUMAN RESOURCES OR ACCOUNTING