SYSTEMS ASSESSMENT & RESEARCH, INC.

Employee ID:

SEMI-MONTHLY TIMESHEET

Period Ending:

NAME:

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			
Pain Management Anesthes	5000	001	41	0002	Regular	R																		
Pain Management Anesthes	5000	001	41	0002	On-Call Beeper Weekday	O																		
Pain Management Anesthes	5000	001	41	0002	On-Call Beeper Weekend	O																		
Pain Management Anesthes	5000	001	41	0002	On-Call Response Back	OB																		

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		
Pain Management Anesthes	5000	001	41	0002	Regular	R																		
Pain Management Anesthes	5000	001	41	0002	On-Call Beeper Weekday	O																		
Pain Management Anesthes	5000	001	41	0002	On-Call Beeper Weekend	O																		
Pain Management Anesthes	5000	001	41	0002	On-Call Response Back	OB																		

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																			
GRAND TOTAL ALL HOURS																							

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

Grand Total

Grand Total