SYSTEMS ASSESSMENT & RESEARCH, INC.

NAME:

Employee ID:

SEMI-MONTHLY TIME SHEET

Period Ending:

MONTH _____

Control # ERR

Contract Name / Billable	Job No.	Task No.	Suffix No.	Lab Code	Description	Pay Type	HOURS																Grand Total
DEWITT RADI FT. BELVOIR Radiologist	4100	030	45	R9	WEEKDAY REGULAR	R																	
DEWITT RADI FT. BELVOIR Radiologist	4100	030	45	WR	ON CALL WEEKDAY	R																	
DEWITT RADI FT. BELVOIR Radiologist	4100	030	45	WR	ON CALL WEEKEND	R																	
DEWITT RADI FT. BELVOIR Radiologist	4100	030	45	RW	ON CALL RESPONSE	R																	
DEWITT RADI FT. BELVOIR Ultra Sound Tec	4100	030	45	U9	WEEKDAY REGULAR	R																	
				Total Hours	TOTAL HOURS																		

Employee's Signature:

Supervisor's Name and Signature:

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

ATTENTION: HUMAN RESOURCES OR ACCOUNTING