SYSTEMS ASSESSMENT & RESEARCH, INC.

Name:

Employee ID:

SEMI-MONTHLY TIME SHEET

Period Ending:

MONTH _____

Control #

							H O U R S														
Contract Name	Job	Task	Suffix	Lab		Pay															Grand
Billable	No.	No.	No.	Code	Description	Type	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	SUN			Total
DYRS	4500	300	45	R1	RN II - Day	R																	
DYRS	4500	300	45	R2	RN II - Holiday Day	R																	
DYRS	4500	300	45	R3	RN II - Holiday ENW	R																	
DYRS	4500	300	45	R4	RN II - ENW	R																	
DYRS	4500	300	45	C5	CNA - ENW	R																	
DYRS	4500	300	45	C6	CNA - Holiday Day	R																	
DYRS	4500	300	45	C7	CNA - Day	R																	
					Total Hours																		

Employee's Signature:

Supervisor's Name and Signature:

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

ATTENTION: HUMAN RESOURCES OR ACCOUNTING

0531