Global Diagnostic Services Inc.
P.O. Box 83526
Conyers, GA 30013

Tel: 770-602-0502 Fax: 770-602-4773

www.globaldiagnostic.net

SITE NAME:_____

Contractor:_____

Week of:_____

IMPORTANT: Fax timesheets every Monday by 12:30 p.m. to 770-602-4773 or 678-750-1601. Timesheets received after 12:30 p.m. will be processed the following week; NO EXCEPTIONS! Be sure to call us to confirm receipt. Give copy to departmental manager and keep copy for your records.

(Convert hours to the nearest quarter hours worked.)

					Minus Lunch/Appts.					(For Office Use Only) Convert Net Hours To:		
Day	**Date**	**Time In**	**Time Out**	**Gross # Hrs.**	**Out**	**In**	**Out**	**In**	**Net hrs.**	**1st Shift**	**2nd Shift**	**OT Hrs**
Sunday												
Monday												
Tuesday												
Wednesday												
Thursday												
Friday												
Saturday												
Total Hours		xxxxxxx	xxxxxxxxx									

Please use table below for split shifts, holidays, vacation and or sick time only.

					Minus Lunch/Appts.					(For Office Use Only) Convert Net Hours To:		
Day	**Date**	**Time In**	**Time Out**	**Gross # Hrs.**	**Out**	**In**	**Out**	**In**	**Net hrs.**	**1st Shift**	**2nd Shift**	**OT Hrs**

My signature confirms that I have worked the hours listed on this time sheet. I understand that any false information listed by me on this timesheet may qualify for my automatic dismissal from any future assignments with GDS.

Contractor's Signature:_____ **Date:**_____

By signing this time sheet, the Client confirms that the hours worked are correct and work has been performed in a satisfactory manner; and confirms the prior agreement or contract obligations between GDS and Client with respect to services performed hereunder and any future services.

Authorized Signature Only:_____ **Title:**_____ **Date:**_____