



GATEWAY
HEALTHCARE PROFESSIONALS

PLEASE HAVE YOUR TIMESHEET SIGNED BY YOUR SUPERVISOR AND E-MAIL TO
PAYROLL@GATEWAYHEALTHPROS.COM OR FAX TO: (804) 767.4042;

TIMESHEETS ARE DUE NO LATER THAN NOON ON MONDAY

(TIMESHEETS RECEIVED AFTER THIS DEADLINE WILL NOT BE PROCESSED UNTIL THE FOLLOWING PAYROLL CYCLE)

Facility Name:	Week Ending:		
Position:			

Your Name:
Signature:

IMPORTANT FOR PROFESSIONAL: BY EXECUTING THIS FORM, PROFESSIONAL AGREES TO TERMS AND CONDITIONS ON REVERSE SIDE AND CERTIFIES THAT THIS FORM IS TRUE AND ACCURATE AND THAT NO INJURIES WERE SUFFERED.

DAY	DATE	SHIFT START	Hours To The Nearest Tenth Decimal				SUPERVISOR INITIALS
			SHIFT END	MINUS LUNCH	REG. HOURS	OT HOURS	
Sunday							
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Minimum Four (4) Hours Per Employee Per Day*			REGULAR HOURS			OT HOURS	
Supervisor: Please Write Total Hours In Words To The Nearest Tenth:			Hours:		Minutes:	Total OT:	
			Total Time:				
Please Print Name (Supervisor):			Title:				
Authorized Signature (Supervisor):			Is This Professional Continuing This Assignment? <input type="checkbox"/> Yes <input type="checkbox"/> No				

IMPORTANT FOR CLIENT: BY EXECUTING THIS FORM CLIENT CERTIFIES THAT HOURS SHOWN ARE CORRECT, WORK WAS PERFORMED SATISFACTORILY AND THAT CLIENT AGREES TO THE TERMS AND CONDITIONS ON THE REVERSE SIDE OF THIS FORM. PLEASE DRAW LINE THROUGH UNUSED SPACES ABOVE.

CLIENT INFORMATION

Client named on the reverse side, or their representative, hereby agrees that:

1. Gateway Healthcare Professionals, herein called (“Agency”) incurs substantial recruiting, screening, administrative and marketing expenses in connection with the temporary employee (“Professional”) named on reverse side. Client agrees that if Client hires Professional within one (1) year after this date, without an agreement from Agency, Client will pay Agency’s liquidated damages of 30% of yearly salary of Professional.
2. Client certifies that the time set forth as hours worked is correct and that the work was performed in a satisfactory manner (**MINIMUM OF FOUR (4) HOURS UNLESS OTHERWISE AGREED TO BY CLIENT AND AGENCY**)
3. Client confirms the prior agreement between Agency and Client with respect to the services performed hereunder and any future services.
4. Client has not and shall not in the future without prior written permission from Agency in each instance (i) entrust Professional with unattended premises, cash, negotiable instruments, or other valuables or authorize Professional to operate machinery or motor vehicles; (ii) assign Professional to perform work other than that described at the time Client placed the job order.
5. In the event of Client’s non-payment of Agency’s invoices, Client agrees to be responsible for all collection expenses, including attorney’s fees, interest and court costs.
6. Client agrees to discuss the Professionals job assignment, wages and payroll procedures with the Agency and not directly with the Professional.
7. Client shall indemnify and hold Agency, its subsidiaries, affiliates and agents, including the employer of records, harmless from any and all claims and damages arising out of Client’s violation of employment laws, including, without limitation, OSHA and EPO and immigration laws.
8. Client agrees to contact Agency for any additional hours required outside of original contractual agreement. **Professional MAY NOT work** any unapproved Agency hours.

PROFESSIONAL INFORMATION

1. **Recording your time.** Report all time to the nearest tenth of the hour.
2. **Overtime.** All authorized work you perform in excess of 40 hours per week (Sunday-Saturday) will be at time and ½ half the regular rate.
3. **Meals.** Your meal period will be scheduled by the supervisor to whom you are assigned. Meal periods are not counted as worked time.
4. **Absence-Call Us At Once.** We will contact the Client. If you will be out a number of days, it will be up to the Client to decide on replacing you or awaiting your return.
5. **Future Assignments.** If you do not contact us after each assignment, we will assume you are not available for work.
6. **The Pay Period** is the previous week, Sunday through Saturday. Please review the Payroll Calendar for specific pay out dates and/or if you have questions.
7. **Timesheets are due** to the payroll e-mail or fax line by NO LATER than noon on Monday of the following week (the Monday before Pay Day Friday). Timesheets are not complete unless they have all of this information. If they do not have ALL of this information, your timesheet is not valid, and you will not get paid:
 - Your Name & Position
 - The facility name
 - Your hours (including all required breaks -- if you aren’t sure if your facility requires breaks, please reach out to payroll@gatewayhealthpros.com we’ll let you know)
 - A supervisor’s signature approving the hours for the week & any OT acquired.
 - If your timesheet is turned in after 12 PM on Monday, you will be paid on next week’s pay day, not the upcoming pay day.
8. **If you work at different facilities,** you must submit a timesheet for each different facility you work in that week. Example: If you work at 3 different facilities during a week, we need 3 different timesheets.
9. **When completing your shift information,** if your facility prefers you use military time, please use this conversion chart below for your reference & to ensure the accuracy of the timesheet.

Normal Time	Military Time	Normal Time	Military Time
12:00 AM	0000	12:00 PM	1200
1:00 AM	0100	1:00 PM	1300
2:00 AM	0200	2:00 PM	1400
3:00 AM	0300	3:00 PM	1500
4:00 AM	0400	4:00 PM	1600
5:00 AM	0500	5:00 PM	1700
6:00 AM	0600	6:00 PM	1800
7:00 AM	0700	7:00 PM	1900
8:00 AM	0800	8:00 PM	2000
9:00 AM	0900	9:00 PM	2100
10:00 AM	1000	10:00 PM	2200
11:00 AM	1100	11:00 PM	2300