



PHLEBOTEK CORP
PO BOX 2263
Ft. Lauderdale, FL 33303
Phone: 224-400-6051 x3
Accounting Direct 765-374-5323
accounting@phlebotek.com

Phlebotek Timesheet Information

Thank you for working with us!

In order for you to be paid quickly, it is important that your timesheet is completed correctly and sent in as soon as possible after working.

Any missing information can result in a delayed payment.

Here are things to remember:

1. Payment cannot be sent without a completed file. If you have not done so already, you need to go to: <http://phlebotek.com/employee-and-new-hire-documents/> and follow all of the steps. The information you submit on page 4, item #10 will be used to create your file.
2. The top left area of the timesheet is your information. Please write clearly so we know who you are. Your check will be sent to the address in your file, not necessarily the address on the timesheet. If you want to confirm your payment address, call the accounting dept at 224-400-6051 x4 , call or text 765-374-5323 , or email accounting@phlebotek.com
3. The top right area of the timesheet is the information for the company you worked for and location you worked. If you reported to a manager, write their name and phone number.
4. Each work day must have a date next to it (for example 2/7 or Feb 7).
5. The start time is the time you were instructed to be at work. This is not the time you actually arrived, unless you are late.
6. The finish time is the time you completed your assignment as instructed by the manager.
7. If you take a break, write the break times in the notes box.
8. The "Total Hours" indicates the full time you were at work, minus your break time if applicable.
9. If you have a manager, you must have them sign your timesheet at the end of your assignment.
10. Send in the completed timesheet as soon as you can. Our contact information is on the bottom of the timesheet.



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 Accounting Direct Number (765) 374-5323
 Phone: 224-400-6051 x 3

Employee Name: _____

Client Company: _____

Address: _____

Assignment Address: _____

City: _____ State: _____ Zip: _____

City: _____ State: _____ Zip: _____

Phone: _____ Last 4 of SS# _____

On Site Manager _____

Enrolled in Direct Deposit? Y / N

On Site Manager Phone _____

* For employees who are approved to receive mileage reimbursement, mileage should be calculated by the distance between your home (above left) to the assignment location (above right). If you are approved for mileage reimbursement, please indicate the miles *one way*.

I certify that there were _____ miles between my home and the assignment location.

Time sheet	DATE	START TIME	FINISH TIME	LUNCH/ BREAK / LAB DROP / NOTES*	TOTAL HOURS
SUN					
MON					
TUES					
WED					
THURS					
FRI					
SAT					
				TOTAL HOURS FOR THE WEEK:	

***As an independent contractor, you do not get paid for break time**

I certify that the hours shown above represent the total time worked on the assignment during the week indicated and that I must submit this time sheet, signed by an onsite representative in order to be paid. Timesheets must be completed in its entirety to be accepted.

Employee Signature: _____ Date: _____

As a duly authorized representative of this company, I certify that the hours shown above are correct.

Manager Print Name: _____ Authorized Signature: _____ Date: _____

The Phlebotek Staff is required to submit this signed timesheet to Phlebotek either via fax, picture messaging or email:

Fax: 224-400-6055 / Picture messaging (765) 374-5323 / Scan and Email: accounting@phlebotek.com