Weekly Time Sheet				Associate Name:					Associate ID:				
IVR Check in Line: 888-312-6695				Support Line: 929-600-9955					Company Signing Timesheet:				
	lf you	are injured on a job c	all M	edcor, immediately	, at 1-800-775-586	6 (av	vailable 24 h	ours	a day).				
Can't find the te	eam? Call Supp	port, the supervisor on th	e job	posting, and ask store	personnel. You must	wai	t a minimum o	f 2 h	ours to qualif	y for	Show Up Pa	ıy.	
Date of Project	Store #	City	St	Job ID#	Start Time	AM	Lunch Start	AM	Lunch End	AM	End Time	AM	
					:	PM	:	PM	vi :	PM	:	PM	
SUPERVISOR SIGNATURE:			Supervisor Phone:				Supervisor PRINT name:						
*By signing, you are confirming hours listed above are correct & approved				Like my work? Email: Compliments@sasrlink.com									
Date of Project	Store #	City	St	Job ID#	Start Time	АМ	Lunch Start		Lunch End		End Time		
						PM	:	. AM	:	AM PM		AM PM	
SUPERVISOR SIGNATURE:			Supervisor Phone:				Supervisor PRINT name:						
*By signing, you are confirming hours listed above are correct & approved			Like my work? Email: Compliments@sasrlink.com				-						
Date of Project	Store #	City	St	Job ID#	Start Time		Lunch Start		Lunch End		End Time		
/ /						AM PM	:	AM PM	:	AM PM	:	AM PM	
SUPERVISOR SIGNATURE:			Supervisor Phone:				Supervisor PRINT name:						
*By signing, you are con	firming hours listed	above are correct & approved		Like my work? Email: Co	mpliments@sasrlink.com		-						
Date of Project	Store #	City	St	Job ID#	Start Time	AM PM	Lunch Start	AM PM	Lunch End	AM PM	End Time		
/ /					:		:		:			AM PM	
SUPERVISOR SIGNATURE:			Supervisor Phone:				Supervisor PRINT name:						
*By signing, you are confirming hours listed above are correct & approved				Like my work? Email: Compliments@sasrlink.com									
Date of Project	Store #	City	St	Job ID#	Start Time		Lunch Start		Lunch End	—	End Time	AM PM	
/ /						AM PM		AM PM	•	AM PM			
SUPERVISOR SIGNATURE:			Supervisor Phone:				Supervisor PRINT name:						
*By signing, you are confirming hours listed above are correct & approved			Like my work? Email: Compliments@sasrlink.com										
Date of Project	Store #	City	St	Job ID#	Start Time	AM PM	Lunch Start	АМ	Lunch End	AM PM	End Time	AM PM	
					:		:	PM	:		:		
SUPERVISOR SIGNATURE:			Supervisor Phone:				Supervisor PRINT name:						
*By signing, you are confirming hours listed above are correct & approved				Like my work? Email: Compliments@sasrlink.com									
Email times	heet to:												
Email timesheet to: payroll@sasrlink.com or fax to 818-827-1797.		Enter Hours Onl DAILY	inter Hours Online DAILY		sheets are du	e b	y Saturda	y a	t 11:59pn	n, E	ST.		