RAPID TEMPS

Name	
Address	
Facility	Department

PLEASE USE MILITARY TIME Fax: (575) 746-8979

Date	Area Worked	Time In	Time Out	Less Meals	On Call Hours In	On Call Hours Out	Call Back Hours In	Call Back Hours Out	Mileage	Per Diem

I certify the hours shown above were worked by me during the week designated and were verified by authorized personnel.

x _____
Employee Signature

I certify that the above hours are correct.

x _____
Supervisor Signature

Totals
Reg Time_____ O.T._____ On Call_____ Callback_____

WHITE - Office Copy YELLOW - Employee Copy PINK - Facility Copy

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