

Fax Toll Free using 1-888-800-7336, or  
Email to: [Payroll@MRCIWORKSOURCE.ORG](mailto:Payroll@MRCIWORKSOURCE.ORG)

**Private Pay**  
**MRCI-CDS Time Sheet**  
*Please PRINT using black ink*

Employee # \_\_\_\_\_  
for office use only

Employee's Name: \_\_\_\_\_

Client's Name: \_\_\_\_\_

Client Representative: \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

2-Week Pay Period: Sun: \_\_\_\_\_ Sat: \_\_\_\_\_  
(mm/dd/year) (mm/dd/year)

Date	<b>FROM</b>	Hours	<b>TO</b>	Total Hours
_____	_____	am/pm	_____	_____
_____	_____	am/pm	_____	_____
_____	_____	am/pm	_____	_____
_____	_____	am/pm	_____	_____
_____	_____	am/pm	_____	_____
_____	_____	am/pm	_____	_____
_____	_____	am/pm	_____	_____
_____	_____	am/pm	_____	_____
_____	_____	am/pm	_____	_____
_____	_____	am/pm	_____	_____
_____	_____	am/pm	_____	_____
_____	_____	am/pm	_____	_____
_____	_____	am/pm	_____	_____
_____	_____	am/pm	_____	_____
_____	_____	am/pm	_____	_____
_____	_____	am/pm	_____	_____
_____	_____	am/pm	_____	_____
_____	_____	am/pm	_____	_____
_____	_____	am/pm	_____	_____
_____	_____	am/pm	_____	_____

Hourly rate: \$ \_\_\_\_\_ Totals for the pay period \_\_\_\_\_  
*The hours recorded above are accurate and complete for the period indicated.*

Signature of Employee \_\_\_\_\_

Signature of Client/Representative \_\_\_\_\_

**Not valid unless signed by both Parties**  
**\*\*If hours exceed 40 in a calendar week (Sunday thru Saturday), overtime will be paid and charged\*\***

FOR OFFICE USE ONLY: Total wages = \_\_\_\_\_  
P.P.E. \_\_\_\_\_ % of TW = \_\_\_\_\_  
\_\_\_\_ Spreadsheet Total = \_\_\_\_\_