

You **MUST** have this Timesheet signed by the client at the end of each shift every day!
FAX TO: (866) 908 2914



TIMESHEET

Name: _____ Last 5 SSN: _____

PLEASE PRINT CLEARLY AND ACCURATELY!	Position: _____
	Location: _____

DATE	TIME		MEAL BREAK?	TIME		MEAL BREAK?	TIME		TOTAL HOURS	SUPERVISOR SIGNATURE	Supervisor's Initials:
	IN	OUT		IN	OUT		IN	OUT			
Sample Entry	0700	1100	Y/N	1130	1530	Y/N	1600	1930	11.5	<i>Sample Signature</i>	
			Y/N			Y/N					
			Y/N			Y/N					
			Y/N			Y/N					
			Y/N			Y/N					
			Y/N			Y/N					
			Y/N			Y/N					
			Y/N			Y/N					
			Y/N			Y/N					

WHERE DOES YOUR PAYCHECK / PAYSTUB NEED TO BE SENT?	ACCOUNTING USE ONLY
ADDRESS	REG
CITY STATE & ZIP	OT
I CERTIFY THAT THE INFORMATION ON THIS TIMESHEET IS TRUE AND ACCURATE.	DBL
	ON CALL
	CALL IN
	CHRG
	PMM
EMPLOYEE SIGNATURE	DATE
	PMR