



## EMPLOYEE TIME SHEET

(REQUIRED)

Please check one of the following:  Industrial  Clerical  Tech/Prof.

CLIENT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE, ZIP: \_\_\_\_\_

NAME OF EMPLOYEE (print) \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

DATE	DAY OF WEEK	IN	OUT	IN	OUT	HOURS WORKED	OFFICE USE ONLY	TOTAL HOURS	
								REG.	O.T.
	MONDAY					/	HOURS		
	TUESDAY					/			
	WEDNESDAY					/	JOB CODE		
	THURSDAY					/	PAY RATE		
	FRIDAY					/	BILL RATE		
	SATURDAY					/	MARK BOX IF ASSIGNMENT COMPLETED		
	SUNDAY					/			
CLIENT SIGNATURE (REQUIRED)						TOTAL	EMPLOYEE SIGNATURE		

Authorization for Payment

NOTICE TO CLIENT AND EMPLOYEE: Your signature constitutes agreement with all terms expressed on the back of this time sheet

CLIENT. Check box if employee reported a work-related injury to you this pay period.

EMPLOYEE. Check box if employee reported a work-related injury to you this pay period.