



TIME SHEET

FAX before 5:00 pm EST – Every Monday
FAX # (404) 920-3431

Employee Name: _____

Last 4 Digits of SSN or EIN#: _____

Phone#: _____

E-Mail Address: _____

Client Name: _____

Manager: _____ Ph# _____

Week Ending: _____

Day	Date	Regular Hours	Overtime Hours	Total Hours
Mon				
Tues				
Wed				
Thurs				
Fri				
Sat				
Sun				
Total Hours				

Show calculations in hours and minutes. Do not show exact minutes. Round up or down to the nearest 15 minutes. Overtime and make-up time must be pre approved in advance.

ASSIGNMENT ENDED?
 ___YES ___NO

Terms and Conditions:

For Employees: By signing this timesheet, employee certifies that this form is true and accurate. Please use a separate timesheet for each week.

For Clients: Please sign the employee's timecard and verify/approve the hours.

Authorizing Signatures:	
Employee Signature: _____	Client Signature: _____
Printed Employee Name: _____	Client Printed Name: _____
DATE: _____	DATE: _____