

TIME SHEET

PLEASE COMPLETE IN DETAIL

EMPLOYEE NAME: _____

S.I.N.: _____

WEEK ENDING: _____

DATE	A.M. START	LUNCH START	LUNCH FINISH	P.M. FINISH	TOTAL DAILY HOURS
				TOTAL HOURS	

TIMESHEETS MUST BE FAXED TO US NO LATER THAN 12:00PM MONDAYS

PLEASE CHECK: Mail Pick-Up Assignment Completed Assignment Continuing

COMPANY NAME: _____

ADDRESS: _____

AUTHORIZED COMPANY SIGNATURE: _____

Please be advised that if a temporary employee is hired on a full-time basis by your company, a referral fee will apply unless otherwise stated by your consultant.