



TIME SHEET WEEKENDING:

Employee Name: _____

Title: _____

Location: _____

Supervisor: _____

Date	Start Time	Lunch	End Time	Regular Hrs.	Overtime Hrs.	Total Hrs.
WEEKLY TOTALS:						

FOUR HOUR MINIMUM PER EMPLOYEE PER DAY

Please round to nearest ¼ of hour for payroll purposes

I certify that I worked the hours shown on this card on the days indicated and that this time card has been certified by a person that I believe is an authorized representative of the Client.

Employee Signature: _____

TERMS AND CONDITIONS

Being duly authorized on behalf of the above customer, the undersigned hereby certifies that the above hours are correct and that the work was performed in satisfactory manner.

CUSTOMER APPROVAL

Cross out any days not worked by employee. Approval includes verification of hours worked in acceptance of terms and conditions listed above. Agreement to pay interest and collection costs, including reasonable attorneys' fees if this account is not paid when due.

Client

Signature: _____