

Company
Name
Address

City, State ZIP

**Employee
Name:** _____

**Manager
Name** _____

**Week
Starting:** _____

Weekly Employee Time Sheet

**PLEASE DrawL Thru daysNot worked

Day of Week	Time In	Time Out	Meal	Time In	Time Out	Total Hrs	Regular Hrs	Overti me Hrs	Sick Hrs	Vacati on Hrs
Sun										
Mon										
Tue										
Wed										
Thu										
Fri										
Sat										

Total:

Rate: _____

Total (\$): -

Employee Signature Date

Manager's
signature

Social
Last 4 digits Security # _____

TIME SHEET TERMS-CLIENT'S responsibilities are to properly supervise Assigned Employees; CLIENT's signature on this time sheet certifies that the reported hours are correct. CLIENT will pay STAFFING FIRM for the hours at the documented relates upon receipt of STAFFING FIRM's invoices. If an Assigned Employee works time defined by as overtime or premium time, CLIENT will pay the same multiple of the regular rate as STAFFING FIRM is required to apply to the pay rate for such time. If CLIENT uses the services of any Assigned Employee as its direct employee, as an independent contractor, or through an y person or firm other than STAFFING FIRM during or within _180_ days after any assignment of the Assigned employee to CLIENT from STAFFING FIRM, CLIENT must notify STAFFING FIRM and (a) continue the Assigned Employees assignment from STAFFING FIRM for his or her next ___consecutive work hours for CLIENT, or (b) pay STAFFING FIRM a fee in the amount of 30% of their annual base salary (less amount you've already paid.)