TALENT TREE

LAWSTAFF SOLUTIONS ACCOUNTABLE STAFF SkillMaster GRAPHXSTAFF MEDSUPPORT STAFFING SOLUTIONS

Associate Time Sheet

Company	
Customer Signature	
Name of Company Rep	
Week ending	

Employee Name		Monday			Tuesday			Wednesday			Thursday			Friday			Saturday			Sunday			Total Hours Reg	O.T.
Assignment #	Last 4 digits SS#	In	Out	Lunch Hrs	In	Out	Lunch Hrs	In	Out	Lunch Hrs	In	Out	Lunch Hrs	In	Out	Lunch Hrs	In	Out	Lunch Hrs	In	Out	Lunch Hrs	/Signature	
John Doe		8:00 AM	5:00 PM	0.50	8:00 AM	5:00 PM	0.50	8:00 AM	5:00 PM	0.50	8:00 AM	5:00 PM	0.50	8:00 AM	5:00 PM	0.50							40.00	2.50
12345678	1234	8.50			8.50			8.50			8.50			8.50			0.00			0.00			John Doe	

Weekly Total

Customer, please do not sign this timesheet if hours for any day are not incorrect or not filled in. If an associate is out one day, please draw a line through the day(s) not worked. As Customer's authorized representative, I Certify that the associates hours above on this timesheet are correct and that the work was performed satisfactorily.

Printed Name of Company | **Printed Name of Person Signing** | **Signature**