


# TIMESHEET

Office	Req #	MON	TUE	WED	THU	FRI	SAT	SUN
	Date							
Week Ending Date	Time Started							
Employee Name (Printed)	Time Finished							
	Less Lunch							
S.S.No.	Hours Worked							
Address	Company Name						Total Hours	
City	Address							
State	Zip							
Is this a new address?	yes <input type="radio"/>	no <input type="radio"/>	P.O. #					
Did employee sustain an accident or injury during this work period?	yes <input type="radio"/>	no <input type="radio"/>						
<p align="center"><b>Employee Statement</b></p> <p>Has assignment been completed? I certify that the hours shown were worked by me during the week indicated. I understand that after completing and assignment I am to contact my Opti Staffing Group Representative. If I fail to contact my Opti Staffing Group Representative, I will be considered to have left work voluntarily without cause and my unemployment benefits may be denied.</p> <p>Mail Check?                      yes <input type="radio"/>                      no <input type="radio"/></p> <p>Employee Signature _____</p>				<p align="center"><b>Client Agreement</b></p> <p>It is understood that the undersigned is an authorized representative of the company, and hereby certifies that the above hours are correct and that the work was performed satisfactorily. In addition, by signing below, you agree to all terms previously reviewed and signed.</p> <div align="center">  <p><b>opti</b><sup>TM</sup> staffing group</p> </div> <p>Client Signature _____</p>				

<b>W/E</b>
<b>EMP#</b>
<b>CUST#</b>
<b>W/C</b>
<b>HR</b>
<b>OT</b>
<b>PR</b>
<b>PR/OT</b>
<b>BR</b>
<b>BR/OT</b>
<b>TOTAL PAY</b>
<b>TOTAL BILL</b>