

TIMESHEET

Employee Name (Please print):					
Week Ending:	_Order #:	Last 4 Digits SS#:	· · · · · · · · · · · · · · · · · · ·		
Employee Signature:					
I certify that I have worked the hours listed on this time report.					

Company Name: _____

Company Address:

This timesheet should be submitted to Joulé Staffing Solutions by Tuesday morning at 10 a.m. It must contain all the hours worked, less lunch and be signed by your supervisor. <u>Report all hours to the nearest 15 minutes.</u>

Dept:

Please Enter Date	Time IN	Time OUT	Hours	Less Lunch	Total Straight Time Hours	Total Over Time Hours
L		TOTALS				

Client Authorization: I certify that the above hours are actually worked by the JOULÉ employee and accept the customer agreement described below. Client will confirm total hours on the line next to the date.				
Date:	Total Hours Above:			
Authorizing Signature:	Phone Number:			
Print Name:	Title:			

To Our Customer:

- Confirm the hours entered on this timecard by our employee by signing your name and title.
- Save a copy of this timecard to match to our invoice.

Terms of Our Service:

• An invoice is rendered weekly based on the hours worked as shown on this timecard.

• Our indemnity agreement and other terms and conditions are contained on our invoice. A copy is available at our Branch Office upon request.

• The services we provide are made possible only through the expenditure of substantial sums for advertising, testing and training of our personnel. Therefore, if you hire our employee who performed the services shown on this timecard within six months from the date on this card, you agree to pay us as liquidated damages a fee determined in accordance with our permanent placement fee schedule or as previously agreed upon in writing between the customer and Joulé Staffing Solutions.