Week ending: Sunday,  Employee SS#:  Client name:				Employ	Employee Name:  Employee Signature:				
				Employ					
				Client Address:					
Day	Date (MM/DD)	Start Time	Lunch (Out)	Lunch (In)	End Time	Reg. Hours	O.T. Hours	Total Hours	
M									
W									
Th									
F									
5									
5									
Timesheets part of the CLIENT AC correct an The client requireme	rs and omissions will of a re due by 9am More following week's payout the work was performed for the work was performed for the work was performed for the client indemnitial acknowledges and une state of the work was performed for the client indemnitial work was performed for the work was acknowledges and une state of the work was performed for the w	nday morning, for roll.  If y certified by the med in a satisfalloyees a safe page fies us against of roll.	e individual signatory manner.  lace of employand holds us h	gning this time rment in acco armless from	ed. Timesheets esheet on behalf rdance with app any violations o	submitted after f of the client, olicable OSHA of OSHA or ot	er 9am will be that the hours A and other saf her safety requ	processed as listed are ety virement.	
becomes r and all red	necessary for us to place asonable costs and inte	ce the account f erest in connect	or collection, to ion therewith.	he client shall	be liable for the	e collection ar	nd attorney fee	s, plus any	
Overtime	is anytime over 40 hou	ırs per week. C	vertime hours	will be billed	at time and one	-half or as otl	nerwise require	ed by law.	
Employees standard t	acknowledges the subs s may be hired by the erms and conditions. T e client agrees to our T	client or on its k Therefore, if the	oehalf by anotl client decides	ner staffing se to hire an em	ervice, but only v aployee or have	with our writte an employee	n consent and engaged by a	on our	
	OTE: Execution of this to performed in a satisfa								
Supervisor Name (Please Print)				Super	Supervisor Signature				