

## TIMESHEET

**Client Name:** \_\_\_\_\_

**Employee** \_\_\_\_\_

Name \_\_\_\_\_

Employee ID \_\_\_\_\_

Employee  
Signature \_\_\_\_\_

**Work Week** \_\_\_\_\_

OFFICE NO. \_\_\_\_\_

From: \_\_\_\_\_  
(Monday)

To: \_\_\_\_\_  
(Sunday)

**MUST BE RECEIVED BY PRIDESTAFF FINANCIAL BEFORE 12:00 P.M. EACH MONDAY**

Date	Start Time	Meals		End Time	Total Time
		Out	In		
ROUND TIME TO THE NEAREST QUARTER HOUR					

**Approved By** \_\_\_\_\_

X \_\_\_\_\_

AUTHORIZED CLIENT SIGNATURE

DATE

TITLE

Client approval includes verification of hours worked. DO NOT SIGN IF HOURS ARE NOT TOTALED. It is hereby certified by the individual signing this timesheet on behalf of the Client, that the hours listed are correct and acceptance of terms and conditions.

***TIMESHEET MUST BE TURNED IN TO BE PAID!  
NO CHECK WILL BE ISSUED ON UNSIGNED TIMESHEET.***

**OFFICE USE ONLY**

Pay Hours	Reg.	O.T.

Bill Hours	Reg.	O.T.