



WEEKLY TIME SHEET - SUNDAY WEEK-ENDING

48270

INSTRUCTIONS: This time sheet will be read electronically. Please use only BLACK INK and print legibly. Incomplete or illegible time sheets may delay your paycheck. Time sheets must be received on MONDAY for current week payroll.

Time Sheet For: \_\_\_\_\_ Client : \_\_\_\_\_

Daytime Telephone # : \_\_\_\_\_ Project : \_\_\_\_\_

Daily Hours Round to nearest quarter hour 15 minutes = .25 30 minutes = .50 45 minutes = .75	<b>Identification # (Required) :</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<b>MONDAY HOURS</b> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<b>Assignment # (Required) :</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>
<b>TUESDAY HOURS</b> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<b>Sunday week-ending date (Required) :</b> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<b>WEDNESDAY HOURS</b> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	Shade circle if this is a correction to previous timesheet. <input type="radio"/>
<b>THURSDAY HOURS</b> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	Shade circle if additional documents are attached. <input type="radio"/>
<b>FRIDAY HOURS</b> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<b>Description of Work Performed :</b>  
<b>SATURDAY HOURS</b> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<b>E-Mail Address :</b>  
<b>SUNDAY HOURS</b> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<b>TOTAL HOURS</b> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
Please sign below to confirm that this time sheet accurately reflects your time worked during this period.	
<b>Time Sheet Signature :</b> _____ <b>Date :</b> _____	

Client: Please make sure each day is completed with number of hours. Please sign and date to authorize payment for the hours worked in accordance with our standard terms or separate service agreement.

Client Approving  
Signature : \_\_\_\_\_ Date : \_\_\_\_\_

Print Client  
Approving Signature  
Name : \_\_\_\_\_ Phone # : \_\_\_\_\_

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FAX Completed Time Sheet to (877) 337-7286

