



TIME SHEET

FIRST		LAST						
NAME								
SOCIAL SECURITY #								
HOURS	MON	TUES	WED	THUR	FRI	SAT	SUN	
TIME IN								
TIME OUT								
LESS LUNCH								
TOTAL HOURS								

WEEK ENDING SUNDAY	MONTH	DAY	YEAR
COMPANY NAME			
AUTHORIZOR'S NAME (Please Print)			
AUTHORIZOR'S TITLE			
AUTHORIZOR'S SIGNATURE*			
PLEASE ROUND TO NEAREST 15 MINUTES FOUR (4) HOUR MINIMUM PER DAY PER EMPLOYEE			
TOTAL TIME LOG			
STRAIGHT TIME	OVERTIME	TOTAL HOURS	

- Customer shall pay to seller all attorney fees, court costs and other expenses which may be incurred by seller in collecting or seeking to collect the amounts due from customer.
- Customer agrees to pay a liquidation fee of \$1,000.00 to SR if an employee named on this time sheet is hired by your company without SR's authorization, within 90 days of placement.
- * SIGNATURE AUTHORIZES PAYMENT FOR HOURS ENTERED INTO THE "TOTAL TIME LOG" BOX.

White - Customer
 Yellow - Employee
 Pink - Staffing Resources
 Gold - Staffing Resources