



## Employee Timesheet

Client Name:

Week Ending :

Address :

Department :

Manager / Supervisor:

Date :

NAME	Start Time	End Time	Regular Hrs	OT Hours	Total Hours	Signature
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>TOTAL HOURS</b>						

As the Client, I certify that the TOTAL hours reported are true and correct ACTUAL hours worked and the work performed satisfactory.

Authorized Client Signature \_\_\_\_\_

Client Printed Name \_\_\_\_\_

**PLEASE SUBMIT TIMESHEETS BY MONDAY AT 10:00AM**

Please email to [ClientServices@BestChoiceStaffing.com](mailto:ClientServices@BestChoiceStaffing.com)

**561-515-0090**