

WEEKLY TIME SHEET



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Phone & Text: 561-515-0090

CLIENT COMPANY NAME

WEEK ENDING

NUMBER & STREET

CITY - STATE -ZIP

SUPERVISOR NAME -TITLE

Ref. No.

MONDAY

TUESDAY

WEDNESDAY

THURSDAY

FRIDAY

SATURDAY

SUNDAY

DATE

DATE

DATE

DATE

DATE

DATE

DATE

TOTAL
REGULAR
HOURSTOTAL
OVERTIME
HOURS

HOURS TO THE NEAREST QUARTER HOUR

LAST NAME		FIRST NAME		IN									
				OUT									
POSITION	NOTES		BREAKS										
			TOTAL										
				OUT									
POSITION	NOTES		BREAKS										
			TOTAL										
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POSITION	NOTES		BREAKS										
			TOTAL										
				OUT									
POSITION	NOTES		BREAKS										
			TOTAL										
											TOTAL HOURS		
PLEASE PRINT CLIENT NAME				TITLE		By execution of this form, CLIENT certifies that: work was done satisfactorily; that no one was injured on the job and that CLIENT agrees with the terms and conditions set forth in the staffing agreement.					REGULAR	OVERTIME	
AUTHORIZED SIGNATURE													