

placement, Inc D/B/A



Employee Name: _____
Social Security No.: _____
Sunday Week Ending Date(MM/DD/YY): _____

Client Company: _____

Please print clearly

Client Location _____

Please print clearly

Supervisor Name: _____

Please print clearly

Department Name: _____

Please print clearly

<i>Day</i>	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<i>Date</i>							
<i>Time In</i>							
<i>Time Out</i>							
<i>Lunch</i>							
<i>Total Hrs.</i>							

Regular: _____ **O/T:** _____ **TOTAL HOURS:** _____

Supervisor Approval Signature: _____

**must be signed by supervisor to receive pay*

Employee Signature: _____

Please fax this timesheet to 866-517-8686 by 12:00PM each Monday!

