



Your Employment Resource

# EMPLOYEE TIME SHEET

CUSTOMER COMPANY NAME	DATE
ADDRESS	CITY & STATE ZIP
SUPERVISOR NAME-TITLE	DEPARTMENT

Employee Name	Time IN	Time OUT	Less LUNCH	TOTAL REGULAR TIME	TOTAL OVERTIME HOURS
<b>Total</b>				REGULAR	OVERTIME

PRINT NAME (CLIENT)	AUTHORIZED SIGNATURE
TITLE	BY EXECUTION OF THIS FORM, CLIENT CERTIFIES: THE HOURS SHOWN ARE CORRECT; DUTIES WERE PERFORMED SATISFACTORILY; NO ASSOCIATE WAS INJURED AT ANY TIME; AND IF THE CLIENT HIRES ANY ASSOCIATE WITH LESS THAN 800 HOURS, CLIENT AGREES TO PAY STAFFIX COVERSION CHARGE WITHIN 30 DAYS OF HIRE DATE

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