PRIDESTAFF FINANCIAL
Accounting & Financial Staffing

# *TIMESHEET*

## Client Name:

**Employee**

Name _____

Employee ID _____

Employee Signature _____

**Work Week**

OFFICE NO.

From: _____ (**Monday**)

To: _____ (**Sunday**)

**MUST BE RECEIVED BY PRIDESTAFF FINANCIAL BEFORE 12:00 P.M. EACH MONDAY**

| Date | Start Time | Meals | | End Time | Total Time |
|---|---|---|---|---|---|
| | | Out | In | | |
| | | | | | |
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| | | | | | |
| **ROUND TIME TO THE NEAREST QUARTER HOUR** | | | | | |

**Approved By**

***X*** _____

AUTHORIZED CLIENT SIGNATURE DATE

_____

TITLE

Client approval includes verification of hours worked. DO NOT SIGN IF HOURS ARE NOT TOTALED. It is hereby certified by the individual signing this timesheet on behalf of the Client, that the hours listed are correct and acceptance of terms and conditions.

***TIMESHEET MUST BE TURNED IN TO BE PAID!***
***NO CHECK WILL BE ISSUED ON UNSIGNED TIMESHEET.***

**OFFICE USE ONLY**

| Pay Hours | Reg. | O.T. |
|---|---|---|
| | | |

| Bill Hours | Reg. | O.T. |
|---|---|---|
| | | |