

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		
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.