


Employee Name		Social Security Number				Company Name		Week Ending Sunday	
		<b>Hours to Nearest Quarter Hour</b>				Address		City	
Day	Date	Start	Finish	(Lunch)	Total Hours	Client: Your signature represents that you are in agreement with all terms and conditions on front and reverse side hereof and that the hours shown are correct and the work was completed satisfactorily. Minimum four (4) hours per employee per day.			
MON									
TUES									
WED									
THU									
FRI									
SAT									
SUN						Title/Dept.			
						X it is understood that the individual signing this time sheet is an authorized representative of the client company		Is this employee continuing this assignment? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employee: I certify that the hours shown hereon represent the total hours worked this week by me and were properly verified by the client.		<b>Regular</b>		<b>Overtime</b>		<b>Adv. Pay</b>		 933 Douglas Ave. ■ Altamonte Springs, FL 32714 PAYROLL FAX # 407-264-8008 www.proimagesolutions.com  <b>Stress Free Working Solutions...          For Your Staffing Needs</b>	
		hours	Min	Hours	Min				
My signature certifies that no accident or injury was sustained by me while working on this assignment during the week indicated.		<b>Total Hours</b>							
		Employee Signature							
		X						<b>NET TERMS: Payable upon receipt of invoice.</b>	