



18255



WEEKLY TIME SHEET - SUNDAY WEEK-ENDING

INSTRUCTIONS: This time sheet will be read electronically. Please use only BLACK INK and print legibly. Incomplete or illegible time sheets may delay your paycheck. Time sheets must be received on MONDAY for current week payroll.

Time Sheet For: _____

Client: _____

Daytime Telephone #: _____

Project: _____

Identification # (Required) :

Assignment # (Required) :

Sunday week-ending date (Required) :

Shade circle if this is a correction to a previous timesheet

Shade circle if additional documents are attached

Description of Work Performed : _____

E-Mail Address: _____

Daily Hours - Enter **exact** In and Out times and **round** Lunch times and the Total Daily Hours to the nearest quarter hour (15 minutes = .25, 30 minutes = .50, 45 minutes = .75)

Day	Time In	Time Out	Less Lunch	Total Daily Hours
Monday	<input type="text"/> : <input type="text"/>	<input type="text"/> : <input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="text"/> . <input type="text"/>
Tuesday	<input type="text"/> : <input type="text"/>	<input type="text"/> : <input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="text"/> . <input type="text"/>
Wednesday	<input type="text"/> : <input type="text"/>	<input type="text"/> : <input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="text"/> . <input type="text"/>
Thursday	<input type="text"/> : <input type="text"/>	<input type="text"/> : <input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="text"/> . <input type="text"/>
Friday	<input type="text"/> : <input type="text"/>	<input type="text"/> : <input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="text"/> . <input type="text"/>
Saturday	<input type="text"/> : <input type="text"/>	<input type="text"/> : <input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="text"/> . <input type="text"/>
Sunday	<input type="text"/> : <input type="text"/>	<input type="text"/> : <input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="text"/> . <input type="text"/>
				TOTAL HOURS
				<input type="text"/> . <input type="text"/>

Please sign below to confirm that this time sheet accurately reflects your time worked during this period.

Time Sheet

Signature : _____ Date : _____

Please Verify Total Hours in Writing:

Client: Your signature confirms that the hours shown above were worked by the Davidson Staffing employee identified and constitutes your agreement to pay Davidson Staffing for such hours worked in accordance with our standard Terms of Service or other service agreement between us.

Client Approving

Signature : _____ Date : _____

Print Client Approving

Signature Name: _____ Phone #: _____