



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
Total				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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