

| | | | | | |
|--------------|--|------|--------------------|-----|--|
| COMPANY NAME | | | WEEK ENDING SUNDAY | | |
| ADDRESS | | CITY | ST | ZIP | |



| DAY | DATE | HOURS TO NEAREST QUARTER HOUR | | | | | | | |
|--|------|-------------------------------|--------|---------|---------------|--------------------|-----------------|-----|-----|
| | | START | FINISH | (LUNCH) | REGULAR HOURS | OVERTIME HOURS | | | |
| MON | | | | | | | | | |
| TUE | | | | | | | | | |
| WED | | | | | | | | | |
| THU | | | | | | | | | |
| FRI | | | | | | | | | |
| SAT | | | | | | | | | |
| SUN | | | | | | | | | |
| | | | | | | REGULAR | OVERTIME | | |
| | | | | | | HRS | MIN | HRS | MIN |
| ◀ TOTAL HOURS to the nearest quarter hour ▶ | | | | | | TOTAL HOURS | | | |

| | | | |
|---|--|------------------------|--|
| Employee Name (PRINT) | | Social Security Number | |
| Employee certifies no accident or injury was sustained while working on the assignment unless so noted by both employee and supervisor. | | | |
| Employee Signature | | | |
| TO BE FILLED IN BY CLIENT | | | |
| Client Signature | | Date | |
| Authorized By (Please Print Name) | | Title | |