



WEEKLY TIME SHEET

PRINT ALL INFORMATION LEGIBLY

EMPLOYEE NAME:	
CLIENT / DEPARTMENT:	
JOB TITLE:	
CONTACT PHONE:	
WEEK ENDING:	

DAY	DATE	TIME IN *	Meal TIME OUT *	Meal TIME IN *	TIME OUT *	TOTAL REG. HRS. *	TOTAL OVERTIME *	TOTAL HRS WORKED *
MON								
TUE								
WED								
THU								
FRI								
SAT								
SUN								
Is this assignment complete? Circle one: Yes / No						TOTAL HRS.		

* Round to the nearest 1/4 hour

REMARKS:

EMPLOYEE SIGNATURE:	Date:
APPROVED BY: (Print & Sign)	Date:

INDICATE ONLY HOURS ACTUALLY WORKED - DO NOT APPLY HOLIDAY HOURS UNLESS WORKED. Hours on time card should reflect a true and accurate account of actual time worked. Clock In/Out for meal periods must be recorded on time card each day. I certify that I was allowed to take all rest and meal periods. Employees falsifying the above time are subject to company disciplinary action and possible civil and/or criminal liabilities.

- IT IS THE EMPLOYEE'S RESPONSIBILITY TO:
- 1) Obtain approval by site manager/supervisor
 - 2) Copy to site manager/supervisor & yourself
 - 3) Fax or scan & email to CHRC each week by Monday, 7:00 a.m.
 - 4) A paycheck cannot be issued without a completed, signed & approved timesheet

4/2015

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