



Weekly Time Sheet

Employee Name:

Company Name:

PLEASE RETURN THIS TIMESHEET, SIGNED BY BOTH PARTIES,
NO LATER THAN 10.00AM ON THE MONDAY FOLLOWING THE WEEK
WORKED

- Any overtime undertaken must be approved by your Supervisor
- Please calculate your work hours to the nearest ¼ hour

WEEK ENDING:.....

	START	FINISH	DEDUCTION FOR LUNCH	TOTAL HOURS
MONDAY				
TUESDAY				
WEDNESDAY				
THURSDAY				
FRIDAY				
SATURDAY				
SUNDAY				
WEEKLY TOTAL				

Employee Signature..... Date.....
I confirm the above is a true record of the hours worked.

Client Signature..... Date.....
I confirm that the above Temporary has worked the hours stated satisfactorily and that payments will be made in accordance with the terms and conditions which have been agreed as the basis of this transaction. Furthermore, I understand that if we engage the Temporary or introduce them to any third party then an introduction fee will be due to City Personnel, Inc. in accordance with the terms and conditions of business.

PLEASE RETURN VIA FAX TO 401-331-2331