



10 EAST 40TH STREET, NEW YORK, NEW YORK 10016  
 TEL: 212-532-8888 FAX: 212-725-6192

Week ending SUNDAY \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Client \_\_\_\_\_

Dept. \_\_\_\_\_

Employee Name \_\_\_\_\_

Social Security Number (last 4 digits) \_\_\_\_\_

Are you returning to this assignment?  YES  NO (contact us)

Timesheets due each Tuesday by 12pm (no exceptions!)  
 Call to confirm receipt

I certify that these hours were worked by me during the week ending shown above, and were properly verified by an authorized representative of the client.

Employee Signature \_\_\_\_\_

DAY	DATE	TIME IN	TIME OUT	LESS BREAK	TOTAL HOURS
MON.		<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
TUE.		<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
WED.		<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
THU.		<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
FRI.		<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
SAT.		<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
SUN.		<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
TOTAL HOURS WORKED IN WORDS				TOTAL HOURS	

**CLIENT approval:**

By signing below, it is agreed that the total hours shown are correct and Client agrees to the provisions on the reverse side of the time slip.

Client Authorized Signature \_\_\_\_\_

Print Authorized Name \_\_\_\_\_