

Complete Staffing Timesheets

We're with you from Start to Finish

NAME: _____

COMPANY: _____

EMP #: _____

CUSTOMER # _____

PAY PERIOD ENDING: _____
(Pay Period always ends on Sunday)

P.O. # : _____

***TIMESHEETS MUST BE TURNED IN BY **9:00 A.M.** ON MONDAY

	MONTH/DAY	REGULAR	OVERTIME	VAC	SICK	HOL	DOUBLE
		Please put Total daily hours only - No clock in/out times					
MON							
TUE							
WED							
THU							
FRI							
SAT							
SUN							
	TOTAL						

(Please note any shift differential pay for night shifts next to the appropriate date)

**** NOTE - IT IS YOUR RESPONSIBILITY TO SUBMIT YOUR TIMESHEET TO OUR OFFICE BY 9:00 A.M. ON MONDAY AFTER THE WEEK YOU WORKED.**

NO PAYCHECK CAN BE ISSUED WITHOUT RECEIPT OF SIGNED AUTHORIZED TIMESHEET.

*****PAY PERIOD BEGINS ON MONDAY AND ENDS ON SUNDAY*****

COMPANY NAME _____

ADDRESS _____

SITE SUPERVISOR SIGNATURE _____

PHONE # _____

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3101 Ernest Street, Suite 4
Lake Charles, LA 70601
Phone: (337) 494-1295