

TIMESHEET

Week Ending: _____
(Saturday Date)

Name (Print): _____

Client Company: _____

Client Supervisor: _____

	In	Out	In	Out	Total	
					Reg.	OT
Sunday						
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Total						

Are you returning to this assignment? Yes No

IMPORTANT

I certify the hours on this timesheet are correct and I have not suffered a work related injury or illness during this workweek. I understand that it is my responsibility to call TRIAD no later than 12:00pm on Monday to report the prior week's hours worked. Failure to do so may result in a one-week delay in delivery of my paycheck or direct deposit.

Employee Signature: _____

I certify the hours indicated are correct and the work performed is satisfactory. I understand placement fees will be charged to any client hiring a TRIAD employee, whether directly or through another agency, according to the terms of the Client Agreement.

Authorized Client Representative Signature: _____