



BILLED ON INVOICE #: _____
 (SFH office use only!)

WEEKLY TIME SHEET
 FAX TO: (818) 479-8778

COMPANY NAME: _____

<u>Employee Name</u>				<u>Department Supervisor Name</u>		<u>Period Begin Date</u>	<u>Period End Date</u>	<u>Social Security Number Last 4 Digits Only</u>			
<u>Day</u>	<u>Date</u>	<u>Time In</u>	<u>Lunch</u>		<u>Time Out</u>	<u>Total Hours</u>	THIS AREA TO BE AUTHORIZED BY SUPERVISOR				
			OUT	IN			HOURS			CODE	
						REG	OT	OTHER	WP	WOP	
SUN									<input type="checkbox"/>	<input type="checkbox"/>	
MON									<input type="checkbox"/>	<input type="checkbox"/>	
TUE									<input type="checkbox"/>	<input type="checkbox"/>	
WED									<input type="checkbox"/>	<input type="checkbox"/>	
THU									<input type="checkbox"/>	<input type="checkbox"/>	
FRI									<input type="checkbox"/>	<input type="checkbox"/>	
SAT									<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Check if Employee's work week is other than Monday-Friday. Specify Days: _____ I hereby certify that this time record was kept current by me and that I had at least the minimum break/meal periods prescribed by law and that this record is correct.						<u>Total Reg. Hr.</u>	<u>Total OT Hrs.</u>	<u>Total Other Hrs</u>	CODE: WP - WITH PAY WOP - WITHOUT PAY		
									S Sick L Leave of Absence T Tardy/Early Leave W Worker's Compensation V Vacation D Disciplinary/Suspension H Holiday E Excused/Other P Personal		
<u>Employee Signature:</u>			<u>Date:</u>			I understand that my check may be delayed a week if my timesheet is not received at STAFFING FOR HIRE by 10:00AM on Monday.					
By Signing, I agree that all information is correct.						<u>Supervisor Signature:</u>					
By Signing, I agree that all information is correct.						<u>Date:</u>					
						<u>Supervisor Comments:</u>					