



TIMESHEET

Week Ending Sunday: _____ Client Name: _____

Employee Name: _____

	Date	Start Time	Finish Time	Less Breaks	Total Hours
MONDAY					
TUESDAY					
WEDNESDAY					
THURSDAY					
FRIDAY					
SATURDAY					
SUNDAY					

Total Weekly Hours

Employee Signature: _____

Client Notice

By signing this, you are verifying the hours worked, that you are satisfied with the work completed and that you accept Allstar Recruitment Groups Terms & Conditions of Business. If you have not been provided with a copy of our Terms & Conditions, please contact our office.

Supervisor Print Name: _____

Supervisor Signature: _____