

# TimeSheet

Employee Name:	Firm Company Name:
Address:	Address:
Phone:	Phone:
Signature of Supervisor:	Print Name of Supervisor:

By executing this for, Employee agrees to terms and conditions on this form, and that all information is true and accurate

By executing this form, Client certifies that the hours shown are correct and work was done satisfactorily, and Client agrees to the terms and conditions of the fee agreement.

Date	Day	Time In	Time Out	Less Lunch	Total Hours
	Monday				
	Tuesday				
	Wednesday				
	Thursday				
	Friday				
	Saturday				
	Sunday				
For Office use only: Regular Hrs _____ OT. Hrs _____ Total _____					Total Hours

Record your time rounded up or down to the nearest Quarter hour. For example, if you arrived at 8:52 a.m., please record your starting time as 8:45 a.m. However, if you arrive at 8:53 a.m., please record your starting time at 9:00 a.m.

When totaling your time sheet, please calculate your hours in fifteen (15) minute increments. For example, if you work 8:45 a.m. to 5:00 p.m. with a 1/2 hour lunch, you have worked 7.75 hours for the day. ALL OVERTIME HOURS MUST BE APPROVED BY SUPERVISOR IN ADVANCE. All timesheets are verified for accuracy. Any inaccuracies are changed before processing the payroll.

**It is YOUR responsibility to contact SearchLogic Recruiting with availability prior to the completion of your current assignment. Failure to contact us for any future assignments will be considered a voluntary quit and may result in the loss of unemployment benefits.**

Please circle one of the following choices:                      Mail my Check    Direct Deposit