



ATTENTION

This form must be completed and approved by the employee supervisor and returned by Monday afternoon at 3:00 pm.

If we do not receive your timesheet before payroll is processed, your paycheck could be delayed until the following pay period.

Payroll Email: CCover@steeltostaffing.com Fax 864-442-6145

Weekly Timesheet

Employee Name (Print) _____

Address _____

SSN Last (four digits) _____

Week Ending _____

Assignment

	Month	Day	Time In	Lunch out	Lunch in	Time Out	Total Hours Worked
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Sunday							

CLIENT APPROVAL

The hours as shown on this time sheet are correct. By signing this client approval, We agree to be bound by the terms of the conditions of the contract for services.

Company _____

By: _____

Title _____

FIELD EMPLOYEE APPROVAL

I Certify that the days and hours shown on this time sheet are correct and were worked by me.

Employee Name _____

Employee Signature _____

Date _____

Notes: _____