



Employee Name \_\_\_\_\_  
 Social Security # \_\_\_\_\_  
 Customer Name \_\_\_\_\_  
 Customer City \_\_\_\_\_

**WEEKLY TIME SHEETS**  
 Due to Personnel Source Tuesdays at Noon

Week Ending \_\_\_\_\_ Job Description \_\_\_\_\_ Pay Rate \_\_\_\_\_

Date	Day	Time In	Time Out	Time In	Time Out	Reg Hrs.	O.T. Hours	Other
	Sunday							
	Monday							
	Tuesday							
	Wednesday							
	Thursday							
	Friday							
	Saturday							
<b>Totals</b>								

Being duly authorized on behalf of the customer, the undersigned hereby certify and agrees as follows  
 1. The hours listed are correct and the work performed satisfactorily  
 2. The agency is to bill the customer at the previously agreed to rate  
 3. The customer shall not hire the employee until the previously agreed to period has been satisfied

\_\_\_\_\_  
 Signature of Customer/Supervisor      Date

By placing your name here you are digitally signing this form.

I certify that the above hours were worked by me during the week indicated. I understand that if my job assignment ends, it is my responsibility to notify Personnel Source within 24 hours following my last shift or it will be assumed that I have voluntarily quit and that I am not seeking another assignment.

\_\_\_\_\_  
 Signature of Employee      Date  
 By placing your name here you are digitally signing this form

The employee must be provided with a printed copy of this time sheet and the employer must retain a copy for their self.