

We must receive your timesheet by noon each Monday! Timesheet must be signed by your supervisor and faxed to **888-682-4507**. Have a great week!

Assigned Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I certify that I have worked the hours listed on this time sheet.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | | **START** | **FINISH** | **LUNCH** | **HOURS** |  |
| **Monday** | |  |  |  |  |  |
| **Tuesday** | |  |  |  |  |  |
| **Wednesday** | |  |  |  |  |  |
| **Thursday** | |  |  |  |  |  |
| **Friday** | |  |  |  |  |  |
| **Saturday** | |  |  |  |  |  |
| **Sunday** | |  |  |  |  |  |
| **Week Ending Date:** | | | **TOTAL**  **HOURS:** | | | |
|  |  |  |

It is hereby certified that the above hours are correct. We agree to pay Ideal Staffing Inc. amount billed for above hours upon receipt of invoice. The service rendered by Ideal Staffing Inc. is made possible only by a substantial investment in advertising, testing, and training a staff of personnel. Therefore, in consideration for the this service being made available to us, we agree, that in the event the above named employee becomes employed by us before the contract period is completed, we will pay an employee buyout service fee to Ideal Staffing Inc.

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SUPERVISOR’S SIGNATURE TITLE DATE