

# TIME SHEET

*Temporary Employment Specialist*

6418 Grovedale Dr.  
Suite 202  
Alexandria, VA 22310  
703-719-7768      **FAX 703-842-8688**

**Week Ending:** \_\_\_\_\_

**Employee Name:** \_\_\_\_\_

**Employee Number:** \_\_\_\_\_

**Company Name:** \_\_\_\_\_

**Supervisor Name:** \_\_\_\_\_

Date	Start Time	End Time	Regular Hrs.	(Less Lunch)	Total Hours
<b>WEEKLY TOTALS:</b>					

I hereby certify the foregoing to be a true and accurate statement of hours worked in the performance of duties.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I concur with the foregoing statement of hours worked and recognize that this will form the basis of an invoice and claim for payment.

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_