



Skilled Staffing
People • Payroll • Solutions

TIME RECORD

WEEK ENDING (SUNDAY): ___/___/___

Job Number: _____

CUSTOMER INFORMATION

JOB SITE LOCATION

Name:	JOB NAME:		
Contact:	Address:		
Address:	City:	State:	Zip:
City:	State:	Zip:	Phone:()
Phone:()	Fax:()	Two-Way:	
Fax:()	Report to:		

!!REPORT ALL INJURIES TO YOUR SKILLED STAFFING BRANCH OFFICE IMMEDIATELY!!
SKILLED STAFFING IS A DRUG - FREE WORKPLACE

- TIME WORKED IS FOR ONE WEEK ONLY. Start with MONDAY and end on midnight SUNDAY.
- Entire time nearest quarter hour (.00; .25; .50; .75) only.
- DO NOT LEAVE ANY DAY BLANK! If no hours are worked, mark an "X" in the day's column.

Skilled Staffing Employee	Mon. /	Tues. /	Wed. /	Thur. /	Fri. /	Sat. /	Sun. /	Totals Regular Overtime	
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									

CUSTOMER APPROVAL

Grand Totals:

The hours as shown are correct. By signing this Customer Approval we acknowledge that we are bound by the terms of the conditions of assignment as stated on the reverse hereof and certify that the listed employees have satisfactorily performed service for the hours shown. Additionally, I am not aware of any work-related injuries or accidents which may have occurred during this pay period involving any of the above named employees except as noted at the bottom of this form.

Company: _____ Authorized Signature: _____

Title: _____ Date: _____

Additional Notes: _____