|  |
| --- |
| Time SheetWeek Of: [Start Date] — [End Date] |
|  |  |
| Employee name:  | Title: [Your Title] |
| Employee number: [Your Employee Number] | ClIENT NAME: [Enter Company name] |
| Department: [Department name] | CLIENT Supervisor: [Supervisor name] |
|  |
| Date | Start Time | End Time | Regular Hours | Overtime Hours | Total Hours |
| [Pick the date] |  |  |  |  |  |
| [Pick the date] |  |  |  |  |  |
| [Pick the date] |  |  |  |  |  |
| [Pick the date] |  |  |  |  |  |
| [Pick the date] |  |  |  |  |  |
| [Pick the date] |  |  |  |  |  |
| [Pick the date] |  |  |  |  |  |
| Weekly Totals: |  |  |  |
|  |
| Employee signature: | Date: [Pick The date] |
| Client signature: | Date: [pick the date] |

*I agree that the services rendered by the consultant are satisfactory.*

Please Email time sheets to accounts@skillinventions.com or Fax to (718) 701 8865 Time Sheets are due every Monday by 5.00 P.M.