|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Time Sheet  Week 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.