

Weekly Timecard

Employee Name: _____

Last 4 digits of SSN: _____

Monday ____/____/____

Job Location Name _____ In _____ Out _____ Break _____ Total _____

Manager/Lead Name _____ Lead Signature _____

Tuesday ____/____/____

Job Location Name _____ In _____ Out _____ Break _____ Total _____

Manager/Lead Name _____ Lead Signature _____

Wednesday ____/____/____

Job Location Name _____ In _____ Out _____ Break _____ Total _____

Manager/Lead Name _____ Lead Signature _____

Thursday ____/____/____

Job Location Name _____ In _____ Out _____ Break _____ Total _____

Manager/Lead Name _____ Lead Signature _____

Friday ____/____/____

Job Location Name _____ In _____ Out _____ Break _____ Total _____

Manager/Lead Name _____ Lead Signature _____

Saturday ____/____/____

Job Location Name _____ In _____ Out _____ Break _____ Total _____

Manager/Lead Name _____ Lead Signature _____

Sunday ____/____/____

Job Location Name _____ In _____ Out _____ Break _____ Total _____

Manager/Lead Name _____ Lead Signature _____

Timesheets must be signed by the lead and returned to the employee daily.

Timesheets must be turned in no later than 5:00pm on Mondays at timecards@staffingoneservices.net