Please fax back to: (940) 322-7789

TIME SHEET

MyStaf

Great People! Great Jobs!

DUE BY 1:00 P.M.-MONDAY

EMPLOYEE NAME-(LAST, FIRST, MIDDLE)

_____

SOCIAL SECURITY NUMBER MY JOB ASSIGNMENT IS:

☐ CONTINUING ☐ FINISHED

EMPLOYEE AGREEMENT

I CERTIFY THAT I HAVE WORKED THE HOURS SHOWN ON THE TIME SHEET. IF I DO NOT CONTACT THE MYSTAF OFFICE WITHIN 24 HOURS AFTER COMPLETION OF MY ASSIGNMENT, MYSTAF MAY ASSUME THAT I AM NOT AVAILABLE TO WORK. I CERTIFY THAT I WAS NOT INJURED OR INVOLVED IN AN ACCIDENT WHILE ON THIS ASSIGNEMENT.

APPROVED TIME SHEETS ARE DUE IN OUR OFFICE BY MONDAY AT 1 P.M.

EMPLOYEE SIGNATURE

_____

COMPANY NAME

_____

CUSTOMER AGREEMENT

I HEREBY CERTIFY THAT THEY ABOVE NAMED EMPLOYEE HAS SATISFACTORILY WORKED THE HOURS INDICATED ON THIS TIME SHEET AND ALSO AGREE TO THE TERMS AND CONDITIONS OF THE CLIENT TIMESHEET AGREEMENT.

SEE BACK OF FORM

CUSTOMER SIGNATURE

_____

DEPARTMENT CENTER PHONE EXT.

_____

DAY	DATE	TIME STARTED	TIME FINISHED	LESS LUNCH	HOURS WORKED
MONDAY					
TUESDAY					
WEDNESDAY					
THURSDAY					
FRIDAY					
SATURDAY					
SUNDAY					

TOTAL HOURS FOR WEEK (ROUNDED TO NEAREST ¼ HOURS)_____

DO NOT WRITE BELOW THIS LINE

REGULAR HOURS_____ O.T. HOURS_____ D.T HOURS _____