Reset Form

1ST TEAM STAFFING SERVICES, INC
806 Frederick Road
Catonsville, MD 21228
Phone: 410.719.0404 Fax: 410.719.0411
www.1stteamstaffing.com

_____
(Company Name)

_____
(Address)

TIME SHEET

_____
(Week-Ending Date)

EMPLOYEE NAME Print Last Name, First Name	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	**REG HOURS**	**OT HOURS**

IMPORTANT TO CLIENT: Execution of this form by the client constitutes a certification that the total hours listed are correct as stated, and that the work was performed in a satisfactorily manner and agreement by the Client to the terms and conditions printed on the reverse side of this form. I certify that the above named employee(s) has/have performed services for me for the hours indicated above and authorize you to bill me according to your current rates. MINIMUM ASSIGNMENT: Four (4) hours. I understand that the direct hiring of a 1ST TEAM Staffing temporary by a client will result in a liquidated damage charge of a minimum of 200 additional billing hours.

Date: _____ Signature: _____ Please Print: _____

ALL timesheets must include client's ***authorized*** signature.