



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 satisfactory 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.