

WEEKLY TIME RECORD

WORKNET

LOCATION _____

LOCATION NAME _____

SUNDAY WEEK ENDING _____

COMPANY: _____ ORDER NO. OR DEPT. _____

ADDRESS _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOURS WORKED ARE VERIFIED AND ARE CORRECT AS INDICATED.

CROSS OUT ANY DAYS NOT WORKED BY THE EMPLOYEE. APPROVAL INCLUDES VERIFICATION OF HOURS WORKED AND ACCEPTANCE OF THE TERMS AND CONDITIONS SET FORTH ON THE REVERSE OF THIS TIME SHEET.

CLIENT SIGNATURE: _____ DATE: _____

	MONDAY HRS. MIN.	TUESDAY HRS. MIN.	WEDNESDAY HRS. MIN.	THURSDAY HRS. MIN.	FRIDAY HRS. MIN.	SATURDAY HRS. MIN.	SUNDAY HRS. MIN.	TOTAL
IN								
LUNCH OUT								
LUNCH IN								
OUT								
TOTAL								
IN								
LUNCH OUT								
LUNCH IN								
OUT								
TOTAL								
IN								
LUNCH OUT								
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LUNCH OUT								
LUNCH IN								
OUT								
TOTAL								
IN								
LUNCH OUT								
LUNCH IN								
OUT								
TOTAL								

I CERTIFY THAT THE HOURS ARE CORRECT. I UNDERSTAND HOURS WILL BE VERIFIED BY WORKNET WITH THE CLIENT. I ALSO CERTIFY NO ACCIDENT OR INJURY WAS SUSTAINED WHILE WORKING ON THE ASSIGNMENT UNLESS SO NOTED IN THE COMMENT SECTION BELOW.

NAME: PRINT 1st NAME, M.I., LAST NAME _____

SOCIAL SECURITY NUMBER _____

EMPLOYEE SIGNATURE _____

NAME: PRINT 1st NAME, M.I., LAST NAME _____

SOCIAL SECURITY NUMBER _____

EMPLOYEE SIGNATURE _____

NAME: PRINT 1st NAME, M.I., LAST NAME _____

SOCIAL SECURITY NUMBER _____

EMPLOYEE SIGNATURE _____

NAME: PRINT 1st NAME, M.I., LAST NAME _____

SOCIAL SECURITY NUMBER _____

EMPLOYEE SIGNATURE _____

EMPLOYEE NAME: _____ COMMENTS: _____

EMPLOYEE NAME: _____ COMMENTS: _____