



1. USE A NEW TIMESHEET FOR EACH ASSIGNMENT
2. COMPLETE ENTIRE TIMESHEET
3. HAVE A SUPERVISOR SIGN AND VERIFY HOURS WORKED
4. SUBMIT SIGNED TIMESHEET BY 11:30AM MONDAY

EMPLOYEE NAME (LAST, FIRST, INITIAL)

WEEKENDING DATE (SUNDAY)

SOCIAL SEC. #

I UNDERSTAND THAT THE HOURS WILL BE VERIFIED BY WORKNET WITH THE CUSTOMER. I ALSO CERTIFY NO ACCIDENT OR INJURY WAS SUSTAINED WHILE WORKING ON THE ASSIGNMENT UNLESS NOTED IN THE COMMENTS SECTION.

COMMENTS:

EMPLOYEE SIGNATURE

DATE: / /

ASSIGNMENTS COMPLETE? YES ___ NO ___

IF YES, IMMEDIATELY CALL WORKNET OFFICE.

	DATE Month/Day	TIME IN	LUNCH OUT	LUNCH IN	TIME OUT	TOTAL TIME	OTHER
MON	/	:	:	:	:	:	
TUE	/	:	:	:	:	:	
WED	/	:	:	:	:	:	
THR	/	:	:	:	:	:	
FRI	/	:	:	:	:	:	
SAT	/	:	:	:	:	:	
SUN	/	:	:	:	:	:	

COMPANY: ORDER NO. OR DEPT.

ADDRESS:

CITY STATE ZIP CODE

TIMESHEET HOURS 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 OF THE WORKNET SERVICE AGREEMENT.

CLIENT SIGNATURE:

DATE

REG TIME

OVERTIME

DBL TIME

TOTAL TIME

TOTAL MILES

/ /