LI TEMPS
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(516 or 631) 777-TEMPS • www.LITemps.com

TIMESHEET

Employee Name	
Client Name	**Department**
Week ending date (e.g. Sunday 04/09/06)	

Day	Date	Time In	Time Out	Lunch	Total
Mon					
Tue					
Wed					
Thu					
Fri					
Sat					
Sun					
			Total Weekly Hours		

Employee Statement

By signing below, I certify that all hours and totals shown are correct. I understand that a client signature is required below for this timesheet to be processed for payment.

_____

Employee Signature Date

Client Agreement

It is understood that the undersigned is an authorized representative of the company, and hereby certifies that the above hours are correct and that the work was performed satisfactorily.

_____

Supervisor Signature Date

_____

Supervisor Name (please print)

All timesheets must be received no later than 11am on Monday in order to be processed for weekly payroll.

Please fax your completed timesheet to (516) 294-6604.