Advantage Staffing

Company	
Customer Signature	
Name of Company Rep	
Week ending	

																							Total Hours		
Employee Name		Monday			Tuesday			Wednesday			Thursday			Friday			Saturday			Sunday			Reg	O.T.	D.T.
Assignment #	Last 4 digits SS#	In	Out	Lunch Hrs	In	Out	Lunch Hrs	In	Out	Lunch Hrs	In	Out	Lunch Hrs	In	Out	Lunch Hrs	In	Out	Lunch Hrs	In	Out	Lunch Hrs	/Signature		
John Doe		8:00 AM	5:00 PM	1.00	8:00 AM	5:00 PM	1.00	8:00 AM	5:00 PM	1.00	8:00 AM	5:00 PM	1.00	8:00 AM	5:00 PM	1.00	8:00 AM	5:00 PM	1.00				40.00	8.00	0.00
123567	1234	8.00			8.00			8.00			8.00			8.00			8.00						John Doe		
																						Weekly Total			

Customer, please do not sign this timesheet if hours for any day are not incorrect or not filled in. If an associate is out one day, please draw a line through the day(s) not worked. As Customer's authorized representative, I Certify that the associates hours above on this timesheet are correct and that the work was performed satisfactorily.

Printed Name of Company	Printed Name of Person Signing	Signature