



WEEKLY TIMESHEET

Employee: _____

Company Name: _____

Weekending Date

All payperiods are Monday through Sunday unless otherwise stated.

DATES:	IN	OUT	IN	OUT	TOTAL
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					
Total					

All timesheets must be turned in to Demand Staff by Monday at 5:00 pm.

I attest that the above hours are correct to the best of my knowledge.

If any hours are incorrect, it may lead to termination.

Employee Signature _____

Date _____

Supervisor must total hours and sign to authorize payment.

Client is responsible for overpayments due to supervisor's miscalculations.