



Measurably Better.

WEEK ENDING DATE

____ / ____ / ____

4625 BECKLEY RD.
BLDG 200
BATTLE CREEK, MI 49015

269.719.8831

TIMESHEET

Employee Name _____

Customer Name _____

City _____ State _____

	Date mm/dd/yyyy	Time STARTED	Lunch OUT	Lunch IN	Time FINISHED	REG. HRS.	O.T. HRS.
MON							
TUE							
WED							
THU							
FRI							
SAT							
SUN							
TOTAL HOURS FOR THE WEEK TO THE NEAREST 1/4 HOUR.							

PLEASE VERIFY HOURS BEFORE SIGNING

Customer Approval: I certify the above hours to be correct and authorize invoicing of same.

By _____ Title _____

Employee: I hereby certify the above hours to be correct and certify that no accident or injury was sustained while working on assignment during the above work week other than already reported to Employment Group.

EMPLOYEE
SIGNATURE _____

LAST 4 DIGITS OF
EMPLOYEE'S SOCIAL
SECURITY NUMBER

X	X	X	X	X				
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IMPORTANT

1. Print (2 copies) and complete form for customer to approve and sign
2. Give a copy of the **approved** timesheet to the customer
3. Scan and email **approved** timesheet to: timesheet@eg-us.com
 —OR— fax **approved** timesheet to 269.719.8844
 —OR— drop off **approved** timesheet at local office by Monday 5 P.M.