

# 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							
<b>TOTAL HOURS</b> 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](mailto: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.