



Wilmark Group, Inc.

TIME SHEET

ALL TIMESHEETS DUE BEFORE NOON ON MONDAY

FAX #: 781 -237-5590

Employee Name: _____

Week Ending Date (Sunday): _____

Client Name: _____

Enter Actual Hours Worked (Less Lunch) to the nearest 1/4 Hour

DAY	DATE	TIME IN	TIME OUT	LESS LUNCH	TOTAL HOURS
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					
TOTAL HOURS					

Total Hours Worked in Words: _____

Total Overtime Hours: _____

I hereby certify that the hours shown here were worked by me during the week designated and were certified by an authorized representative of the client.

Employee Signature _____

Date _____

Printed Name of Employee _____

As the Client's authorized representative, I certify that the temporary employee's hours shown on this timesheet are correct and that the work performed was satisfactorily. I also confirm the Client's agreement to the terms stated in the employment agreement.

Client Signature _____

Date _____

Printed Name of Person Signing/Client Name _____

Comments: