



TEMPORARY EMPLOYEE TIMESHEET

Revised 06/17/2011

EMPLOYEE NAME: (Print CLEARLY)	
Client Company:	
Week Ending:	

COMPLETE DURING THE WEEK

DATE (MM/DD/YY)	Dept Worked (Paint, Masking, or E-Coat)	IN (HH:MM)	LUNCH OUT (HH:MM)	LUNCH IN (HH:MM)	OUT (HH:MM)	DAILY TOTAL # HOURS	Supervisor Initials
Total Regular Hours							
Total Overtime Hours							

COMPLETE AT THE END OF THE WEEK

Employee Signature _____ Date Signed _____

(TO BE COMPLETED BY SUPERVISOR PRIOR TO EMPLOYEE SUBMITTING WEEKLY TIMESHEET)

Employee Weekly Performance Rating: 1 – Below Average 2 –Average 3 – Above Average
(Circle One)

Comments: _____

Client Supervisor Signature _____ Date Signed _____

Submit To timesheets@firststaffworks.com at the end of each week. DUE BY: Monday Noon the following