



Eligible for overtime pay
 Yes _____ No _____

Employee Name: _____ Title: _____

Employee ID No.: _____ Client Facility Name: _____

Phone No.: _____ Supervisor Name: _____

Week 1

Day	Date	Start Time	End Time	Regular Hours	Overtime Hours	Total Hours
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						
WEEKLY TOTALS						

Week 2

Day	Date	Start Time	End Time	Regular Hours	Overtime Hours	Total Hours:
Monday	05/17					
Tuesday	05/18					
Wednesday	05/19					
Thursday	05/20					
Friday	05/21					
Saturday	05/22					
Sunday	05/23					
WEEKLY TOTALS						

PAY PERIOD TOTALS

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Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Express time worked in decimals and round off daily hours to nearest quarter-hour.

NOTES:

1. Time sheets must be signed by the employee and the authorized Client Representative.
2. Employee acknowledges that the information on this time sheet is correct.
3. Client Representative acknowledges that the hours reported per this time sheet are accurate and will be the basis for determining the fees invoiced to Client and payable to InQuest Staffing L.L.C.
4. No payment or advances of any kind should be made to any employee. Client waives the right to deduct such payment from any fees due.