

Weekly Timesheet

Employee Name: _____

Supervisor: _____

Position: _____

Client: _____

Weekly Start: _____

Site: _____

Weekly End: _____

Day	Date	Start Time	Finish Time	Break	Day/Night Shift	Total Hours	Total Hours Approved
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Sunday							
Total							

***Please submit by Tuesday 12pm at the latest.**

Employee Signature: _____ **Date:** _____

Supervisor Signature: _____ **Date:** _____

Payroll Contact: Nicole Dolan

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