

IMPORTANT INFORMATION ABOUT COMPLETING AND FAXING YOUR TIME SHEET

1. PRINT NEATLY IN CAPITAL LETTERS USING BLACK OR BLUE INK.
2. ONCE COMPLETED AND APPROVED, REMOVE THIS TOP SHEET AT PERFORATION.
3. PLACE WITH ARROWS POINTED INTO FAX MACHINE.
4. FAX ON FRIDAY TO ENSURE PROMPT PAYMENT. FAX ONLY ONE TIME.

03200



WEEK ENDING DATE (FRIDAY)
 / /

TECHNICAL SPECIALIST TIME SHEET

EMPLOYEE SOCIAL SECURITY NO.

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EMPLOYEE'S NAME (Print)

I CERTIFY THAT THE DAYS AND BILLABLE HOURS SHOWN ON THIS TIME SHEET ARE CORRECT AND WERE WORKED BY ME:

EMPLOYEE'S SIGNATURE

—CLIENT APPROVAL—

THE HOURS AS SHOWN ON THIS TIME SHEET ARE CORRECT. BY SIGNING THIS CLIENT APPROVAL, WE ACKNOWLEDGE OUR RECEIPT AND ACCEPTANCE OF THE GENERAL CONDITIONS OF ASSIGNMENT AND THE TERMS OF PAYMENT.

SIGNATURE: _____ DATE: _____

PRINT NAME: _____ TITLE: _____

CLIENT INFORMATION

CLIENT COMPANY NAME (Print)

REPORT TO

ADDRESS

CITY STATE ZIP CODE

CLIENT TELEPHONE NUMBER

EXT.

**Time worked for one week only. Start with Saturday and end on Friday midnight.
 Enter time to nearest quarter hour (.00; .25; .50; .75) only.**

	SATURDAY	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	TOTAL HOURS
DATE: MONTH / DAY								
BILLABLE HOURS →								
Non-Billable Hours	FLOATING HOLIDAY							
	HOLIDAY							
	CHOICE TIME OFF							
	NON-BILLABLE HOURS, OFFICE WORK							
	NON-BILLABLE HOURS, OTHER							
UNPAID HOURS								
OTHER: _____								

THE COMBINED TOTAL OF ALL HOURS MUST EQUAL AT LEAST 40 HOURS PER WEEK.

TOTAL HOURS ▶

BRANCH APPROVAL SIGNATURE:

IS THIS ENGAGEMENT COMPLETED?

YES NO

DO NOT USE THIS BOX

JOB ORDER NUMBER	BILL RATE	PAY RATE	REFERENCE #	CHECK #	INVOICE #