

GradStaff Timesheet

Please fax signed timesheet to GradStaff by 12 noon on Mondays.



Client Company Name	Week Ending Sunday
---------------------	--------------------

Address

Day	Date	Round hours to nearest quarter hour				
		Start	Finish	(Lunch)	Reg. Hrs.	OT Hrs.
Mon						
Tue						
Wed						
Thu						
Fri						
Sat						
Sun						

Client Supervisor Name	TOTAL Reg. Hrs.	TOTAL OT Hrs.
------------------------	-----------------	---------------

Client Supervisor Signature X		
----------------------------------	--	--

Client: Your signature above represents that you are in agreement with all the terms and conditions on this form hereof, and that the hours shown are correct and the work satisfactorily completed.

Chicago ph 312-551-0777 fax 312-551-1186
Dallas ph 972-888-6015 fax 972-888-6016
Denver ph 303-257-6776 fax 303-484-4828
Philadelphia ph 610-664-8624 fax 610-664-8628
St. Louis ph 314-721-8989 fax 314-721-8020
Twin Cities ph 612-339-5332 fax 612-339-5336

Employee Name

Are you continuing this assignment next week? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure

If no, are you available for work? <input type="checkbox"/> Yes, when? _____ <input type="checkbox"/> No

Check one: <input type="checkbox"/> Mail my check <input type="checkbox"/> Direct deposit

Employee Signature X

Employee: I certify that the hours shown here represent the total hours worked this week by me and were properly verified by the client.