

EXAMPLE

TOBIN & ASSOCIATES - EMPLOYEE TIME RECORD

Employees Name John Doe	Employee's Telephone Number(Office or Cell) 281-444-1111
Client Company PXP Corp	
Print – Supervisor's Name MARY SMITH	Supervisor's Office Telephone Number 281-444-1234
Comments	

EMPLOYEE INSTRUCTIONS								
<input type="checkbox"/> Enter the date and actual hours worked per day to the nearest 15 minutes - show days off (X). <input type="checkbox"/> Enter weekly totals - Check your addition <input type="checkbox"/> Get the timesheet approved by the Client Company Supervisor and fax it to Tobin & Associates no later than 5:00p.m., Tuesday following the last day of the pay period. <input type="checkbox"/> Fax Number – (281) 754-4584 <input type="checkbox"/> Keep the original timesheet for your records								
DATE (enter date)	Monday 4/1	Tuesday 4/2	Wednesday 4/3	Thursday 4/4	Friday 6/4/5	Saturday	Sunday	NOTE
HOURS (enter hours worked per day – nearest ¼ hour)	8	7.75	9.25	7.25	9			15 min = .25 30 min = .50 45 min = .75
For week ending: (enter date) 6/6/2009		Total - Straight Time (ST) 40			Total - Overtime (OT) 1.25		NOTE ST = 40 hrs and less OT = hrs over 40	

EMPLOYEE STATEMENT - I hereby certify that the time shown hereon were worked by me during the period ending designated, and were certified by an authorized representative of the Customer.

Employee
Signature _____

CUSTOMER AGREEMENT - It is understood that the undersigned is an authorized representative of the company and hereby certifies the above hours are correct and that the work was performed satisfactorily. Client agrees that no insurance is afforded by TOBIN & ASSOCIATES for physical loss or damage to client's machinery, equipment, or material in the care, custody, or control of TOBIN & ASSOCIATES, its agents or employees and that TOBIN & ASSOCIATES shall not be liable for physical loss or damage to or of said property. Client will not entrust TOBIN & ASSOCIATES employees with care custody or control of cash, negotiables, valuables, or other similar property, Please call our office for further information regarding the above.

Customer
Signature _____

Please check here
when the assignment is
completed _____