

Employee Time Sheet

Name

SSN#

Address

City **Zip**

	DATE	TIME STARTED	TIME FINISHED	LUNCH TAKEN	LUNCH NOT TAKEN	TOTAL REGULAR	TOTAL OVERTIME
Sunday							
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
TOTAL HOURS							

Supervisor Signature

Employee Signature

Company Name

Please read before signing. Your signature verifies total hours and also includes that you understand that this person is an employee of Derby Associates, Inc. It also verifies that you have read the time slips and agree to the terms stated. The above names employee may not be placed on your payroll or that of any other temporary employment company without the consent of Derby Associates, Inc.

Note: Deliver or fax your hours to Derby Associates. I hereby certify that the hours shown were worked by me during the week ending designated and were certified and authorized by a representative of the company.
 I understand that in order to be available for a job assignment, I must make myself available by either signing in or calling. I understand that it is my choice to seek an assignment, but if I do not make myself available, it will be assumed that I have voluntarily abandoned my employment and I will be consider ineligible for unemployment benefits..