


TIMESHEET

Office	Req #	MON	TUE	WED	THU	FRI	SAT	SUN
	Date							
Week Ending Date	Time Started							
Employee Name (Printed)	Time Finished							
	Less Lunch							
S.S.No.	Hours Worked							
Address	Company Name						Total Hours	
City	Address							
State	Zip							
Is this a new address?	yes	no	P.O. #					
Did employee sustain an accident or injury during this work period?	yes	no						
Employee Statement Has assignment been completed? I certify that the hours shown were worked by me during the week indicated. I understand that after completing and assignment I am to contact my Opti Staffing Group Representative. If I fail to contact my Opti Staffing Group Representative, I will be considered to have left work voluntarily without cause and my unemployment benefits may be denied.				Client Agreement It is understood that the undersigned is an authorized representative of the company, and hereby certifies that the above hours are correct and that the work was performed satisfactorily. In addition, by signing below, you agree to all terms previously reviewed and signed.				
Mail Check?	yes	no						
Employee Signature	_____			Client Signature _____				

W/E
EMP#
CUST#
W/C
HR
OT
PR
PR/OT
BR
BR/OT
TOTAL PAY
TOTAL BILL