



WEEK ENDING DATE (SUN.)		EMPLOYEE NAME (PRINT)					<input type="checkbox"/> MAIL CHECK <input type="checkbox"/> HOLD CHK. AT OFFICE:
SOCIAL SECURITY NUMBER		CLIENT					
REPORT TO			Show all hours to nearest quarter hour (i.e. 0.25; 0.50; 0.75)				
DATE		TIME IN	TIME OUT	LESS LUNCH HOURS	REGULAR HOURS	OVERTIME HOURS	
/ /	MON.	:	:				
/ /	TUE.	:	:				
/ /	WED.	:	:				
/ /	THR.	:	:				
/ /	FRI.	:	:				
/ /	SAT.	:	:				
/ /	SUN.	:	:				
WRITE TOTAL HOURS WORKED IN WORDS:				TOTAL HOURS FOR WEEK:			

CLIENT AUTHORIZED SIGNATURE

NAME: TITLE:

DEPARTMENT: Assignment Completed? Yes No

EMPLOYEE MUST SIGN THIS FORM
 I certify that I worked the hours reported on this ticket during the week shown and I did not experience any accident or injury that I did not report directly to AllStar Staffing.

EMPLOYEE SIGNATURE: _____

TO RECEIVE YOUR PAYCHECK, THIS TIMESHEET MUST BE RECEIVED AT THE ALLSTAR STAFFING OFFICE NO LATER THAN MONDAY AT 1:00PM • FAX (563) 242-1389