



TIMESHEET

111 NE 1 Street, Suite 324
Miami, FL 33132
305.647.2707 Fax 305.675.5811

Employee Name:	Title:
Employee Number:	Status:
Department:	Supervisor:

Date	Start Time	End Time	Regular Hrs.	Overtime Hrs.	Total Hrs.
WEEKLY TOTALS:					

Employee Signature: _____ **Date:** _____

I certify that the hours reported by me on this timesheet are correct and were worked by me. I am financially responsible for any incorrect time reported. I understand the terms on the bottom of this form and agree to abide by them.

Supervisor Signature: _____ **Date:** _____

I agree that hours shown above are accurate and the work performed was satisfactory. I understand there is a four (4) hour minimum per employee per day. You are authorized to pay your employee and bill us accordingly as verbally or otherwise agreed to.