

Weekly Time Sheet

Personnel Placements, LLC

58 Murray Guard Drive
Suite A
Jackson, TN 38305

Employee name: _____
Customer Name _____

Week starting: _____
Week ending: _____

DATE	Sunday		Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		
		Total		Total		Total		Total		Total		Total		Total	
Time In		Total		Total		Total		Total		Total		Total		Total	
Time Out															
Meal Break															
Time In		Total		Total		Total		Total		Total		Total		Total	
Time Out															
Total															Total Hours Scheduled

Employee signature _____ Date _____

Manager signature _____ Date _____

IMPORTANT INFORMATION - READ CAREFULLY

Supervisors: Your signature confirms that the hours worked by Employee Supervisor are accurate. Billing will be done accordingly.

Employees: By my signature, I certify the reported hours for this period are correct and have been approved by my supervisor.

Employee also certifies that no accident or injury was sustained while working on the assignment unless so noted in the comment section.