

INSTRUCTIONS FOR FILLING OUT TIME SHEET

1. Use a separate time sheet for each assignment and each week of work.
2. Leave yellow copy with client.
3. Mail white copy to our office no later than Friday evening.
4. Be sure to contact out office after each assignment.

Special Teams Inc. P.O. Box 218 Brunswick, Maine 04011-0208					
COMPANY NAME (PLEASE PRINT)					
ADDRESS				CITY	
REPORT TO	DEPT	JOB TITLE		WEEKENDING	
Day	DATE	TIME IN	TIME OUT	LESS LUNCH	TOTAL HOURS
MON					
TUE					
WED					
THUR					
FRI					
SAT					
SUN					
CLIENT NOTE	TOTAL HOURS (IN WORDS)		HOURS TO NEAREST 1/4 HOUR	TOTAL HOURS	
I hereby certify that the hours shown were worked by me during the week ending shown above, and were properly certified by an authorized representative of the company named above. I understand I am to contact the office after completing the Assignment to determine if there is other work available for me. I agree that if I do not contact the office upon completion of an assignment they can assume I am not available.					
EMPLOYEE NAME (PRINT)			EMPLOYEE (SIGNATURE)		
SSN LAST FOUR		Are you returning to this assignment?		I will be available for a new assignment on DATE / /	
Important for client: Execution of this form by the client constitutes a certification that the total hours listed are correct as stated, that the work was performed in a satisfactory manner and in agreement by the Client. Please so not advance monies to employees.					
CLIENT PRINT NAME			CLIENT SIGNATURE OF ACCEPTANCE		
			X _____ Authorized Signature		
DO NOT WRITE BELOW THIS LINE (FOR OFFICE USE ONLY)					
SS#		CLIENT NO.		PURCHASE ORDER #	
JOB CAT	REG HR	OT HRS	EPR	CBR	
<small>PRINT OVER NOTE: All assigned time sheets are to be returned to employee without a check. Any alterations will void this time sheet. Make out a new time sheet if you make an error.</small>			EPR OT	CBR OT	

WHITE - HOME OFFICE COPY YELLOW - CLIENT COPY
 PINK - EMPLOYEE COPY