



Eligible for overtime pay  
 Yes \_\_\_\_\_ No \_\_\_\_\_

Employee Name: \_\_\_\_\_ Title: \_\_\_\_\_

Employee ID No.: \_\_\_\_\_ Client Facility Name: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

**Week 1**

Day	Date	Start Time	End Time	Regular Hours	Overtime Hours	Total Hours
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						
WEEKLY TOTALS						

**Week 2**

Day	Date	Start Time	End Time	Regular Hours	Overtime Hours	Total Hours:
Monday	05/17					
Tuesday	05/18					
Wednesday	05/19					
Thursday	05/20					
Friday	05/21					
Saturday	05/22					
Sunday	05/23					
WEEKLY TOTALS						

**PAY PERIOD TOTALS**

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Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Express time worked in decimals and round off daily hours to nearest quarter-hour.

**NOTES:**

1. Time sheets must be signed by the employee and the authorized Client Representative.
2. Employee acknowledges that the information on this time sheet is correct.
3. Client Representative acknowledges that the hours reported per this time sheet are accurate and will be the basis for determining the fees invoiced to Client and payable to InQuest Staffing L.L.C.
4. No payment or advances of any kind should be made to any employee. Client waives the right to deduct such payment from any fees due.