



Weekly Time Card - Due Every Monday by 10am

WEEK END DATE (SUNDAY)
 Month
 Day
 Year

Last Name

First Name

Client Company:

****Please round time worked to the nearest 1/4 hour --- 15 minutes= .25 30 minutes= .50 45 minutes= .75**

(Example- 7.25)

DAY	DATE	PROJECT/TASK DESCRIPTION	START TIME	END TIME	Lunch -	REGULAR HOURS	OT HOURS	TOTAL HOURS
MON								
TUE								
WED								
THUR								
FRI								
SAT								
SUN								
						TOTAL REGULAR HOURS	TOTAL OT HOURS	TOTAL HOURS

_____ HRS _____ MIN
 PLEASE WRITE OUT TOTAL HOURS/MINUTES

FAX TO (775) 356-1139 BY MONDAY NO LATER THAN 10:00 AM

****TIME SHEETS RECEIVED AFTER MONDAY'S DEADLINE WILL BE PAID THE FOLLOWING WEEK****

CONTRACTOR: I Hearby Certify That The TOTAL Hours reported _____
(EMPLOYEE) are true and correct ACTUAL hours worked. **EMPLOYEE SIGNATURE**

****Reno Staffing will not accept a time card that is not signed by a representative of the Client or Client Company****

CLIENT: The undersigned Client Representative has checked and agrees that the TOTAL hours worked are true and correct ACTUAL hours worked, and that the work performed is satisfactory. Client agrees to promptly pay for all services rendered hereunder in accordance with Reno Staffing's fee schedule. Client agrees to pay all applicable charges within thirty (30) days of date of invoice and to be subject to late fees at the rate of 2.5% of the unpaid balance.

X _____
 CLIENT AUTHORIZED SIGNATURE DATE PRINTED NAME TITLE PHONE