ABC Staffing
Phone (412) 963-6333

Employee Time Report

_____
LAST   FIRST   M.I.

_____
COMPANY NAME

_____
COMPANY PHONE NUMBER

_____
WEEK ENDING

DATE	HOURS WORKED	SUPERVISOR INITIALS
M		
T		
W		
R		
F		
SAT		
Total Hours		

COMMENTS:

EMPLOYEE ADDRESS CHANGE

CITY   STATE   ZIP

TOTAL HOURS FOR EMPLOYEE

REGULAR TIME: _____

OVERTIME: _____

_____
SUPERVISOR SIGNATURE   DATE

I verify these hours are true and accurate.

_____
EMPLOYEE SIGNATURE   DATE

OFFICE USE ONLY:

REG   OT