



Time Sheet

Employee Name: _____ Client Name: _____

Please check one (default is to residence) paycheck to office paycheck to residence direct deposit

| DATE | ARRIVED | DEPARTED | LESS LUNCH | REGULAR HOURS | OVERTIME HOURS |
|------|---------|----------|------------|---------------|----------------|
|------|---------|----------|------------|---------------|----------------|

| | | | | | |
|-----------|--|--|--|--|--|
| Monday | | | | | |
| Tuesday | | | | | |
| Wednesday | | | | | |
| Thursday | | | | | |
| Friday | | | | | |
| Saturday | | | | | |
| Sunday | | | | | |

| | | | |
|-------------|--|--|--|
| Total Hours | | | |
|-------------|--|--|--|

Time sheets must be faxed to Palmer no later than 12:00 noon on the following Monday. When totaling your hours for the day, round to the nearest quarter hour (.25, .5 or .75). Overtime (more than 40 hours in a week) and lunches less than an hour must be approved by the client first. Lunch is not billable or paid. **Please fax time sheets to (703) 904-1891 or email to rbeckwith@plsdc.com.**

I certify that the hours shown were worked by me during the week indicated. I understand Palmer remains my employer at all times during this assignment and I will receive my wages for hours worked directly from Palmer.

Employee Signature: _____ Date: _____

I certify that the hours shown were worked by your employee during the week indicated and work was performed satisfactorily. It is also understood that overtime (over 40 hours in a week) will be billed at time and a half. For each day, there is a 4 hour minimum. We agree not to employ directly the above named temporary for a period of 365 days from the above date without a release fee to Palmer.

Authorized Signature: _____ Title: _____ Date: _____