



HJG STAFFING
moving people forward

Employee Timesheet
Due by 12 PM Noon Every Monday!

COMPANY NAME				WEEKENDING SUNDAY		
ADDRESS:				PHONE NUMBER:		
				FAX NUMBER:		
EMPLOYEE NAME:				Mail Check Hold Check PLEASE CHECK ONE: <input type="checkbox"/> <input type="checkbox"/>		
SOCIAL SECURITY (LAST FOUR):				By executing this form, employee agrees and certifies that this form is true and accurate. Employee is advised that falsification of these records in any form may result in prosecution.		
EMPLOYEE SIGNATURE:						
DAY	DATE	Start	Finish	Lunch	Regular Hours	Overtime Hours
MONDAY						
TUESDAY						
WEDNESDAY						
THURSDAY						
FRIDAY						
SATURDAY						
SUNDAY						
CLIENT PLEASE WRITE TOTAL HOURS IN WORDS BELOW				REGULAR	OVERTIME	
BY EXECUTION OF THIS FORM, CLIENT CERTIFIES THAT HOURS SHOWN ARE CORRECT AND WORK WAS SATISFACTORILY COMPLETED.						
AUTHORIZED SIGNATURE (CLIENT) _____				DATE _____		

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