



## ReadyShift Staffing LLC.

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 E: Timesheets@readysheetstaff.com

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

**Client Name:** \_\_\_\_\_

**Week Ending Friday:** \_\_\_\_\_

REPORT ALL TIME TO THE NEAREST ¼ HOUR – USE ONE TIME RECORD PER CLIENT							
					HOURS TO BE BILLED & PAID		CLIENT SIGNATURE
DAY	DATE	TIME IN	BREAKS	TIME OUT	REG	OT	
SAT							
SUN							
MON							
TUE							
WED							
THU							
FRI							
<b>Total:</b>							

Client agrees that the above employee has performed his/her duties in a satisfactory manner for the above documented hours.

Overtime/Holiday Billing Policy: Overtime at time and one-half will be billed for hours worked over forty (40) per week.

Client Signature: \_\_\_\_\_

**Employee:**

I certify that the above hours represent my total hours worked for the above week. I understand that misrepresentation of hours worked is a serious offense and may result in termination of employment.

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