

Penn Temps LLC

Washington Professional Campus II

901 Route 168, Suite 103

Turnersville, NJ 08012

Tel: 856-227-0110

Fax: 856-227-8878

Email: Recruiter@pennpersonnel.com

Invoice: # _____
For company use only

TIME SHEET

Employee: _____ **Co. Name:** _____

Pay Period: _____ to _____

<u>Date</u> (Month / Day)	<u>Day</u>	<u>Start Time</u>	<u>End Time</u>	<u>Lunch</u> (Minus)	* <u>Hours</u>
	Monday			-	
	Tuesday			-	
	Wednesday			-	
	Thursday			-	
	Friday			-	
	Saturday			-	

* Please round to nearest quarterly increment (15 minutes = .25, 30 minutes = .5, and 45 minutes = .75)

Overtime hours _____ **Times 1.5 =** _____ **Total** _____
Hrs worked over 40

Employee Signature: _____

I certify that the hours entered above were authorized and worked by me during the week noted.

Approved By: _____ **Date:** _____

I certify that I am authorized to approve the hours indicated on this timesheet and that the work was completed satisfactorily. All hours worked, including noted overtime were actually worked by this employee.

**Time sheet must be completed and faxed to 856-227-8878 each week before 4:30pm on Friday
Please retain fax confirmation for your records.**