



Employee Weekly Time Report

Please Fax Time Report to 602-532-7240

Client: _____						
Employee's Name: _____		Week Beginning: ____/____/____				
Date:	Time In	Lunch Out	Lunch In	Time Out	Total Hours	
Week Ending: ____/____/____					TOTAL HOURS:	
Employee Signature: _____						
Supervisor Signature : _____						
<input type="checkbox"/> Check box if this is your last time report for this assignment						
Time Reports are due by 5:00 PM Monday following the week ending date. Late time reports will not be paid until the following payday or will incur a \$25.00 rush processing fee.						