

Employee Name: _____
 Facility/Location: _____
 Pay Period: _____
 Job Title _____
 FAX TIMESHEET BEFORE NOON TO (818) 831-1126



Quality Temp Staffing - Timesheet

DAY	DATE	TIME IN	LUNCH OUT	LUNCH IN	TIME OUT	OVERTIME		BREAKS (CHECK OFF)		TOTAL HOURS	OT HOURS	OT INITIAL
						IN	OUT					
Sunday												
Monday												
Tuesday												
Wednesday												
Thursday												
Friday												
Saturday												

Week Total:

DAY	DATE	TIME IN	LUNCH OUT	LUNCH IN	TIME OUT	OVERTIME		BREAKS (CHECK OFF)		TOTAL HOURS	OT HOURS	OT INITIAL
						IN	OUT					
Sunday												
Monday												
Tuesday												
Wednesday												
Thursday												
Friday												
Saturday												

Week Total:

DAY	DATE	TIME IN	LUNCH OUT	LUNCH IN	TIME OUT	OVERTIME		BREAKS (CHECK OFF)		TOTAL HOURS	OT HOURS	OT INITIAL
						IN	OUT					
Sunday												
Monday												
Tuesday												
Wednesday												
Thursday												
Friday												
Saturday												

Comments: _____

Week Total:

I certify that I have provided complete and accurate information by signing this time sheet. I understand that it is against company policy to provide false or incomplete information on time sheets.

GRAND TOTALS:

EMPLOYEE SIGNATURE

DATE

- Employees must take a minimum 30-minute meal period for every shift that is more than 5 hours by law.
- Please complete a NEW timesheet for each facility.
- Time sheets are due by noon on the 1st and the 16th day of each month.
- Overtime is paid in excess of 8 hours per day and over 40 hours per week.

Facility Supervisor Approval Signature

QTS Payroll Department Approval