



EMPLOYEE TIMESHEET

Employee Name: _____ Job Title: _____
 Facility Name: _____ Pay Period: _____

WORK DAY	DATE	TIME IN	LUNCH OUT	IN	TIME OUT	OVERTIME IN	OUT	BREAKS (CHECK OFF)	REG HOURS	OT HOURS	OT INITIAL
Sun.											
Mon.											
Tues.											
Wed.											
Thur.											
Fri.											
Sat.											

Week Total:

WORK DAY	DATE	TIME IN	LUNCH OUT	IN	TIME OUT	OVERTIME IN	OUT	BREAKS (CHECK OFF)	REG HOURS	OT HOURS	OT INITIAL
Sun.											
Mon.											
Tues.											
Wed.											
Thur.											
Fri.											
Sat.											

Week Total:

WORK DAY	DATE	TIME IN	LUNCH OUT	IN	TIME OUT	OVERTIME IN	OUT	BREAKS (CHECK OFF)	REG HOURS	OT HOURS	OT INITIAL
Sun.											
Mon.											
Tues.											
Wed.											
Thur.											
Fri.											
Sat.											

Week Total:

Fax or email timesheet before noon to (818) 831-1126 / email@qualitytempstaffing.com

Comments: _____

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:

Reg	OT	DT

Employee Approved 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 Approved Signature

QTS Payroll Department Approved Signature