



TIME SHEET

Company Name: _____

Department/Supervisor: _____

Employee Name/Title: _____

Time sheet for Pay Period: _____ thru _____

Date	Start Time	End Time	Regular Hrs.	Overtime Hrs.	Total Hrs.
WEEKLY TOTAL:					

Employee Signature: _____

Date: _____

Supervisor Signature: _____

Date: _____

Please Fax time sheet to (832) 476-1978 (press 2 when phone picks up).

Any questions call us at 832.476.1978 or e-mail us at recruiter@newresources.net

Thank You!