

Employee Name (please print) _____

_____ (Client Name)							
Date	Time In	Time Out	Break	Total Hours	Employee Initials	Supervisor Signature	Notes/Comments

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I hereby certify that the hours shown were worked by me during the week ending shown above, and were properly certified by an authorized representative of the company named above. Employee certifies no accident or injury was sustained while working on the assignment unless so noted in the comments section above.

Employee Signature

Date

Important For Client: Execution of this form by the client constitutes a certification that the TOTAL hours listed are correct as stated, that the work was performed in a satisfactory manner and agreement by the Client to the TERMS and CONDITIONS printed in the contract. PLEASE DO NOT ADVANCE MONIES TO EMPLOYEES.

Important for Employee: You will be paid on a weekly basis. To ensure that you receive your check when expected, properly complete your time sheet and return it **NO LATER THAN MONDAY AT 5:00PM**. You can send a fax copy of your time sheet as long as it has the appropriate client signature.
email: office@topshr.com or tgilson@topshr.com or drop off in night drop box

Client and Employee: Report all time to the nearest 1/4 hour. Total all hours for the week worked per client. Any time turned in after 5:00PM on Monday will have a one week delay for that check. Timesheets without client signatures will be returned to the employee and will hold up employee pay check until signed. **T.O.P.S. HR Solutions** reserves the right to reduce wages to minimum wage for assignments not completed.

OVERTIME: All authorized work you perform in excess of 40 hours per individual client per week will be at time and one-half the regular rate. You are permitted to work overtime only if the client requests and approves such work. Approval must be obtained from us by the client before overtime can be authorized.