



**203 BROAD ST, Suite 7  
MILFORD, CT 06460-3381  
(203) 878-9392  
Fax (203) 878-9936**

DAY	AM		PM		Daily Total (less lunch)
	In	Out (Lunch)	In (Lunch)	Out	
MON					
TUE					
WED					
THUR					
FRI					
SAT					
SUN					

<b>TOTAL HOURS TO THE NEAREST 1/4 HOUR</b> <b>TOTAL HOURS</b> <small>(DO NOT INCLUDE LUNCH)</small>	STRAIGHT TIME
	OVERTIME <small>(Over 40 Hours)</small>

**NOTE TO EMPLOYEE**

- Use a ballpoint pen and press firmly.
- Use a separate timesheet for each assignment.
- Leave pink copy with company.
- Bring yellow and white copies to ADVANCED.
- ADVANCED must authorize all overtime.

**Please check:**

- Returning to assignment
- Assignment ended
- Please mail my check

Date available \_\_\_\_\_

**NOTE TO CLIENT**

- Please check hours worked. You will be billed for the hours listed.
- Make no payment directly to the ADVANCED employee.
- Authorized overtime will be billed at time and one half.
- Any questions or comments are welcomed. Please call us.

WEEK ENDING (SUNDAY) \_\_\_\_\_ MONTH-DAY-YEAR \_\_\_\_\_

EMPLOYEE NAME \_\_\_\_\_

CLIENT NAME \_\_\_\_\_

CLIENT ADDRESS \_\_\_\_\_

CITY, STATE, ZIP CODE \_\_\_\_\_

Please understand that the temporary service we render is made available by a substantial investment. Therefore, should you wish to hire permanently one of our temporary employees assigned to your firm, please contact our office to discuss the arrangements.  
Thank you. An Equal Opportunity Employer.

I CERTIFY THAT I HAVE WORKED THE HOURS LISTED ON THIS TIMESHEET.

EMPLOYEE SIGNATURE \_\_\_\_\_

CLIENT SUPERVISOR: I CERTIFY THAT THAT ABOVE EMPLOYEE WORKED FOR THE HOURS LISTED ON THIS TIMESHEET AND THE CLIENT AGREES TO THE TERMS AND CONDITIONS ON THE REVERSE SIDE.

SUPERVISOR'S SIGNATURE \_\_\_\_\_ HOURS TO BE PAID \_\_\_\_\_

PRINT NAME \_\_\_\_\_ DATE \_\_\_\_\_