

**INTERIM COMPENSATION SOURCE, INC.
EMPLOYEE TIMESHEET**

Employee Name: _____
 Employee Title: _____
 Pay Period Ending Sunday: _____

Client Company: _____
 Personnel Consultant Company: _____
 Personnel Consultant: _____

Work Period		Morning	Lunch		Afternoon	Hours Worked This Week			Remarks
Day	Date	Time In	Time Out	Time In	Time Out	Regular Hours	Overtime Hours	Total Hours	Explain any Time Off
Monday									
Tuesday									
Wednesday									
Thursday									
Friday									
Saturday									
Sunday									
Totals									

EMPLOYEE INSTRUCTIONS

It is the sole and absolute responsibility of the employee to get the timesheet approved by the Client Company Supervisor and fax it to Interim Compensation Source, Inc. no later than 9:00 a.m., Monday following the Sunday ending the pay period. If the employee is not going to be working over the weekend, the timesheet should be faxed on the Friday prior to the Sunday ending the pay period. Failure to have the timesheet in on time may delay the employee receiving a paycheck on Wednesday noon, the normal payroll schedule.

Indicate Payment Preference	1. Employee acknowledges the information contained herein is correct.	
<input type="checkbox"/> Electronic Deposit	2. All hours are to be recorded in hours and decimal fractions of an hour, rounded to the nearest quarter hour worked, ie. 8 hrs. + 30 min. = 8.5 hrs. or 8 hrs. + 50 min. = 8.75 hrs.	Employee Work/Home Phone Numbers
<input type="checkbox"/> Mail Check		Employee Signature
<input type="checkbox"/> Check if Assignment Complete	3. Print or type information clearly.	

Client Company Supervisor Certification

1. Regular and overtime hours reported for this employee are accurate and correct.	
2. Client Company, with this signature, indicates applicable charges for the period stated above have been earned, they are accepted as time completed by employee, not subject to dispute, offset, deduction or refusal of payment for any reason, and are due and payable to Interim Compensation Source, Inc. within ten (10) days of invoice.	Supervisor Signature
3. Hours worked beyond forty (40) per week will be billed at time and one half, unless exemption applies.	Supervisor Printed Name
4. To guarantee complete insurance coverage, the Client Company must receive advance approval from Interim Compensation Source, Inc. before authorizing any temporary employee to handle cash, credit cards or negotiable instruments. Further, without the prior consent of Interim Compensation Source, Inc., Client Company will not require temporary employees to operate automobiles or industrial machinery and equipment.	Supervisor Title
	Supervisor Office Telephone