



Outstaffing, Inc.

Outstaffing, Inc.
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Outstaffing: The Smart Alternative!
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WEEKLY TIME REPORT

Employee Name: _____

Week Ending Date (Saturday): _____

	IN	LUNCH OUT	LUNCH IN	OUT	TOTAL	OT TOTAL*
Sunday						
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
					Total Hours	
					Bonus Amount (if applicable)	\$

*Note: Overtime Hours Apply Only To Eligible Employees

E-MAIL OR FAX BY 11:00 a.m.
EVERY MONDAY

Failure to follow this procedure could result in a delay in receiving your paycheck

Employee Name/Signature

Authorized Supervisor Name/Signature

I acknowledge that I have worked the above hours
under the direction of my supervisor.

The above named employee has performed
under my direction to my satisfaction.