



EMPLOYEE TIME RECORD

Please FAX *signed* copy to 813 377-3027 or EMAIL *signed* copy to timesheets@5-starstaffing.com
 Time Cards are due in our office NO LATER than 10am each Monday

Employee Name: Week Ending Date (Sunday):

Client Name: Last Four of Social Security #:

Paychecks are available Friday

DAY	DATE	MORNING			AFTERNOON			TOTAL HOURS
		TIME IN	TIME OUT	TOTAL	TIME IN	TIME OUT	TOTAL	
MONDAY								
TUESDAY								
WEDNESDAY								
THURSDAY								
FRIDAY								
SATURDAY								
SUNDAY								
PLEASE ROUND TO THE NEAREST QUARTER HOUR								TOTAL HOURS

I (employee) certify that I have worked the number of hours recorded on this time sheet and performed the work during this time period satisfactorily and accident/injury free. I understand that 5 Star Staffing remains my employer at all times during the assignment and I will receive my wages for all hours worked directly from 5 Star Staffing.

EMPLOYEE SIGNATURE: _____ DATE: _____

I (client) certify that the above named employee has satisfactorily worked the hours stated on this time sheet. I further agree to pay, without offset or deduction, 5 Star Staffing, LLC's invoice for the above services rendered upon receipt thereof. If the above named employee is hired by the company I represent within one (1) year of his/her last day of service to us, I agree 5 Star Staffing may be due a placement fee in accordance with the standard fee policy. Acceptance of employee referrals from 5 Star Staffing constitutes acceptance of the terms of the fee schedule. I also agree to pay all invoices within 30 days of receipt and/or forward them on to the appropriate individual for payment.

CLIENT COMMENTS REGARDING THIS WEEK _____

CLIENT SIGNATURE: _____ DATE: _____

PRINT NAME: _____ TITLE: _____