

TIME SHEET

Employee Name: _____ Title: _____

Company: _____ Date: _____

Consultant: _____ Supervisor: _____

Date	Start Time	End Time	Regular Hrs.	Overtime Hrs.	Total Hrs.
Weekly Totals					

Employee signature: _____ Date: _____

Supervisor signature: _____ Date: _____

It is the sole responsibility of the employee to get the timesheet approved by the Client Company Supervisor and fax it to Cyber Staffing, LLC. Failure to have the timesheet in on time may delay the employee receiving a paycheck on time.

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