

# CITYSTAFFING

## Timesheet

211 W. Wacker Drive, Suite 700 • Chicago, IL 60606 • Phone 312.346.3400 • Fax 312.488.4125  
www.staffingthecity.com

Name \_\_\_\_\_

Assignment Completed?

Yes  No

Company \_\_\_\_\_

If yes, call City Staffing

Supervisor Name \_\_\_\_\_

Mail paycheck

Hold paycheck

\*Time Card for Week Ending: (Sunday) \_\_\_\_/\_\_\_\_/\_\_\_\_

Draw a line through days not worked

	MON.	TUE.	WED.	THU.	FRI.	SAT.	SUN.
Start Time							
Lunch Out							
Lunch In							
Finish Time							
Daily Total							

Total Hours For this Week (rounded off to nearest quarter hour): \_\_\_\_\_ / \_\_\_\_\_  
Hours/Minutes

### Client Verification and Signature

I certify the hours shown here are correct and authorize payment. Please note: Hours over 40 will be billed at 1.5 times the specified rate. I have read the terms and conditions of the City Staffing **Letter of Engagement** and agree to abide by them.

\_\_\_\_\_  
Client Approval

\_\_\_\_\_  
Client Title

\_\_\_\_\_  
Employee Signature

I acknowledge that I have read and understand the City Staffing **Conditions of Employment** and the additional terms and conditions on the reverse of this timesheet and will abide by this agreement.