



STAFFING Service's

Individual Weekly Timesheet

Please email to: time@abacuscorporation.com (by 5:00pm every Friday)

Changes (if any) are due by the following Monday @ 10:00am

NO OVERTIME PERMITTED

Job Site Name: USWIB Adult Temps Job No.: 9_2-101

Employee Name Majestic Jones
Social Security Number (LAST 4 DIGITS ONLY) 1124

Week Ending (Saturday): _____

	Time	Start Lunch	End Lunch	Time Out	Daily Total	Bonus (YIN)
Sunday						
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						

Total Weekly Hours _____

Total Bonus Awarded for Week _____

Employee: below, I am certified " that the hours recorded are true and accurate. In addition, I certify that I have not been involved in a work-related accident, nor have I witnessed a work-related accident that have not reported to Staffing Coordinator. Lost paychecks will be re-issued on the Friday after 10 business days from the date of notification.

Employee Signature: _____

Customers Name: _____ Date: _____

Employer Information

* Employer Name:
* Address Line 1:
* City:
* State:
* County:
* Zipcode:

* Contact Phone Number: -- Ext

Job Information

* Job Title: _____

* Occupation: _____

* Is this a green job? Yes No

* Hours worked per week: (ex. 99.9)

* Hourly Wage: _____

* Job Start Date: _____ Currently Employed

* Job Duties

REASON FOR LACK OF EMPLOYMENT (i.e. medical, health, family care, etc...) PLEASE EXPLAIN: