EMPLOYEE TIMESHEET

Employee Name: _____ **Job Title:** _____

Facility Name: _____ **Pay Period:** _____

WORK DAY	DATE	TIME IN	LUNCH OUT	LUNCH IN	TIME OUT	OVERTIME IN	OVERTIME OUT	BREAKS (CHECK OFF)		REG HOURS	OT HOURS	OT INITIAL
Sun.												
Mon.												
Tues.												
Wed.												
Thur.												
Fri.												
Sat.												
									Week Total:			

WORK DAY	DATE	TIME IN	LUNCH OUT	LUNCH IN	TIME OUT	OVERTIME IN	OVERTIME OUT	BREAKS (CHECK OFF)		REG HOURS	OT HOURS	OT INITIAL
Sun.												
Mon.												
Tues.												
Wed.												
Thur.												
Fri.												
Sat.												
									Week Total:			

WORK DAY	DATE	TIME IN	LUNCH OUT	LUNCH IN	TIME OUT	OVERTIME IN	OVERTIME OUT	BREAKS (CHECK OFF)		REG HOURS	OT HOURS	OT INITIAL
Sun.												
Mon.												
Tues.												
Wed												
Thur.												
Fri.												
Sat.												
									Week Total:			

Fax or email timesheet before noon to (818) 831-1126 / email@qualitytempstaffing.com

Comments: _____

I certify that I have provided complete and accurate information by signing this time sheet. I understand that it is against company policy to provide false or incomplete information on time sheets.

GRAND TOTALS:			
	Reg	**OT**	**DT**

Employee Approved Signature _____ **Date** _____

- Employees must take a minimum 30-minute meal period for every shift that is more than 5 hours by law.
- Please complete a NEW timesheet for each facility.
- Time sheets are due by noon on the 1st and the 16th day of each month.
- Overtime is paid in excess of 8 hours per day and over 40 hours per week.

Facility Supervisor Approved Signature _____

QTS Payroll Department Approved Signature _____

17737 Chatsworth Street, Suite 200 * Granada Hills, CA 91344 * Tel: (818) 831-1130 * Fax: (818) 831-1126