AMERICAN STAFFCORP

Tulsa: 6301 S. Mingo Rd. Tulsa, OK 74133-6319
(918) 362-WORK (9675)
Fax (918) 362-9859

OKC: 111 Harrison Ave, Ste 106 73104
(405) 516-WORK (9675)
Fax (405) 516-9678

Company Name :

Authorized Signature:

Week Ending (Saturday):

Please turn timesheets in no later than Monday at **12:00 noon.**

EMPLOYEE NAME:		Sun	Mon	Tues	Wed	Thurs	Fri	Sat		Reg Hrs	OT Hrs	Total Hrs
	Time In											
SOCIAL SECURITY NUMBER:	Lunch (Out)											
	Lunch (In)											
EMPLOYEE SIGNATURE	Time Out:											
I certify the hours recorded here are correct. I was not injured while on my job assignment this week.	Daily Total											
EMPLOYEE NAME:		Sun	Mon	Tues	Wed	Thurs	Fri	Sat		Reg Hrs	OT Hrs	Total Hrs
	Time In											
SOCIAL SECURITY NUMBER:	Lunch (Out)											
	Lunch (In)											
EMPLOYEE SIGNATURE	Time Out:											
I certify the hours recorded here are correct. I was not injured while on my job assignment this week.	Daily Total											
EMPLOYEE NAME:		Sun	Mon	Tues	Wed	Thurs	Fri	Sat		Reg Hrs	OT Hrs	Total Hrs
	Time In											
SOCIAL SECURITY NUMBER:	Lunch (Out)											
	Lunch (In)											
EMPLOYEE SIGNATURE	Time Out:											
I certify the hours recorded here are correct. I was not injured while on my job assignment this week.	Daily Total											
EMPLOYEE NAME:		Sun	Mon	Tues	Wed	Thurs	Fri	Sat		Reg Hrs	OT Hrs	Total Hrs
	Time In											
SOCIAL SECURITY NUMBER:	Lunch (Out)											
	Lunch (In)											
EMPLOYEE SIGNATURE	Time Out:											
I certify the hours recorded here are correct. I was not injured while on my job assignment this week.	Daily Total											
EMPLOYEE NAME:		Sun	Mon	Tues	Wed	Thurs	Fri	Sat		Reg Hrs	OT Hrs	Total Hrs
	Time In											
SOCIAL SECURITY NUMBER:	Lunch (Out)											
	Lunch (In)											
EMPLOYEE SIGNATURE	Time Out:											
I certify the hours recorded here are correct. I was not injured while on my job assignment this week.	Daily Total											