Company Name	
Authorized Signature:	

Week Ending (Saturday):



Tulsa: 6301 S. Mingo Road 74133 (918) 362-WORK (9675) Fax (918) 362-9859

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

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)										
EMPLOYEE SIGNATURE	Lunch (In)										
	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
COCIAL CROUDING MULTIPED	Time In										
SOCIAL SECURITY NUMBER: EMPLOYEE SIGNATURE	Lunch (Out)										
	Lunch (In)										
	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: EMPLOYEE SIGNATURE	Lunch (Out)										
	Lunch (In)										
	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)										
EMPLOYEE SIGNATURE	Lunch (In)										
	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
SOCIAL SECURITY NUMBER:	Time In										
	Lunch (Out)										
EMPLOYEE SIGNATURE	Lunch (In)										
	Time Out:										
I certify the hours recorded here are correct. I was not injured while on my job assignment this week.	Daily Total										