



TIMESHEET

E-mail: Timesheets@EillilStaffingGroup.com

Employee Name: _____ **Title:** _____

Social Security # (Last 4 digits ONLY): _____

Company: _____ **Active Supervisor:** _____

Day	Date	Start Time	Lunch Out	Lunch In	End Time	Total Hours
MONDAY						
TUESDAY						
WEDNESDAY						
THURSDAY						
FRIDAY						
SATURDAY						
SUNDAY						
					WEEKLY TOTAL	

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Important: Please make sure timesheets are submitted by the following Monday at 12:00 pm EST in order for you to get paid on time. If you e-mail your timecard, and you don't receive an e-mail confirming your timesheet was received, please re-send and/or confirm you have entered the correct e-mail address.