

# TIME SHEET

WEEK ENDING \_\_\_\_\_



## AMERICAN WORKFORCE GROUP

*Email: CowlitzJobs@AmericanWorkforceGroup.com*

*Drop Off: 1104 14th Ave Longview, WA 98632*

*Phone: 360-200-4900*

*Fax: 360-846-1894*

**\*\*DUE MONDAY AT 9 A.M.\*\***

EMPLOYEE NAME:	TITLE:
COMPANY:	SUPERVISOR:

DATE	START TIME	LUNCH OUT	LUNCH IN	END TIME	TOTAL HOURS
<b>WEEKLY TOTALS:</b>					

EMPLOYEE SIGNATURE:	DATE:
SUPERVISOR SIGNATURE:	DATE:

By signing this timecard, client agrees hours recorded above are true and correct to the best of their knowledge. Client also agrees to pay invoices related to this time card within 20 days of receipt, unless otherwise agreed upon in writing.