



**PLEASE PRINT CLEARLY**

WEEK ENDING SUNDAY	MONTH	DAY	YEAR	LAST FOUR OF SOCIAL SECURITY NO.
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YOUR NAME \_\_\_\_\_

CLIENT NAME \_\_\_\_\_

ASSIGNMENT STATUS:    CONTINUING       COMPLETED       AVAILABLE

I CERTIFY THAT I HAVE WORKED THE HOURS LISTED ON THE TIME SHEET AND HAVE READ AND ACCEPT THE TERMS AND INSTRUCTIONS LISTED ON THE REVERSE SIDE OF THIS TIME SHEET.

EMPLOYEE SIGNATURE \_\_\_\_\_

397 Post Road, Suite 104 ♦ Darien, CT 06820 ♦ Tel: 203.655.1166 Fax: 203.655.0055  
www.mackeyandguasco.com

**DEADLINE MONDAY BY 12:00 NOON**

ROUND DAILY TOTALS TO THE NEAREST QUARTER HOUR, .25=15 MIN., .50=30 MIN., .75=45 MIN.

DAY	DATE	FROM	TO	LESS LUNCH	TOTAL HOURS
<b>MONDAY</b>					
<b>TUESDAY</b>					
<b>WEDNESDAY</b>					
<b>THURSDAY</b>					
<b>FRIDAY</b>					
<b>SATURDAY</b>					
<b>SUNDAY</b>					

HOLD CHECK       MAIL CHECK

IF YOU DO NOT CHECK EITHER, YOUR CHECK WILL AUTOMATICALLY BE MAILED. IF YOU HAVE ARRANGED FOR DIRECT DEPOSIT, YOUR PAY STUB WILL AUTOMATICALLY BE MAILED.

\*NOTE: YOU WILL RECEIVE A NEW TIMESHEET WITH YOUR PAYCHECK OR STUB EVERY WEEK.

TOTAL HOURS  
DO NOT  
INCLUDE  
LUNCH TIME

REGULAR  
TIME  
OVERTIME  
OVER 40 HRS.

I CERTIFY THAT THE MACKEY & GUASCO STAFFING TEMPORARY EMPLOYEE NAMED ABOVE WORKED THE HOURS LISTED ABOVE AND I AGREE TO THE TERMS AND CONDITIONS SET FORTH.

**CLIENT COMPANY INFORMATION:**

\_\_\_\_\_  
AUTHORIZED CLIENT SIGNATURE

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
TELEPHONE NUMBER

\_\_\_\_\_  
DEPARTMENT