



EMPLOYEE TIMESHEET



The Houston Jackson Group

Due by 12:00 p.m. Noon every Monday!

COMPANY NAME				WEEKENDING SUNDAY		
ADDRESS:				PHONE NUMBER:		
				FAX NUMBER:		
EMPLOYEE NAME:				Mail Check Hold Check PLEASE CHECK ONE: <input type="checkbox"/> <input type="checkbox"/>		
SOCIAL SECURITY NUMBER:				By executing this form, employee agrees and certifies that this form is true and accurate. Employee is advised that falsification of these records in any form may result in prosecution.		
EMPLOYEE SIGNATURE:						
DAY	DATE	Start	Finish	Lunch	Regular Hours	Overtime Hours
MONDAY						
TUESDAY						
WEDNESDAY						
THURSDAY						
FRIDAY						
SATURDAY						
SUNDAY						
CLIENT PLEASE WRITE TOTAL HOURS IN WORDS BELOW					REGULAR	OVERTIME
BY EXECUTION OF THIS FORM, CLIENT CERTIFIES THAT HOURS SHOWN ARE CORRECT AND WORK WAS SATISFACTORILY COMPLETED.						
AUTHORIZED SIGNATURE (CLIENT) _____				DATE _____		

105 Decker Drive #930
 Irving, Texas 75062
 P (972) 717-3890
 F (972) 717-3920