

**Employee Time Sheet**

Employee - Full Name (Last, First Middle)				SOCIAL SECURITY NUMBER		NAME OF CLIENT COMPANY									
Day	Date	Time started	Time finished	Less Lunch	Hours worked	STREET ADDRESS									
Mon						CITY, STATE ZIP CODE									
Tue															
Wed															
Thu						CLIENT AGREEMENT									
Fri						Authorized Client Representative must complete this section									
Sat						Client Company agrees to the following:									
Sun															
Use a separate time sheet for each assignment. For each week's work, draw lines through day's not worked.				Total Hours Paid to Nearest 1/4 hour:		<ul style="list-style-type: none"> <li>• All hours worked over 40 hour/week will be deemed overtime and billed at time and one half.</li> <li>• Minimum assignment length – 4 hours.</li> <li>• Client Company will be billed for the hours listed on this time sheet. Make no payment directly to the employee. Invoices are payable upon receipt. Delinquent accounts are subject to interest and all costs to collect the account included but not limited to attorney fees.</li> <li>• If Client Company desires to hire this Hire Dynamics employee, Client Company agrees that notification of this intent will be given to Hire Dynamics and that the employee will remain on Hire Dynamics payroll for a minimum number of working hours, as defined in our Service Agreement of the Client Company will pay a liquidated damage charge.</li> <li>• The undersigned is an authorized representative of the client.</li> </ul>									
Are you returning to Client Company (circle answer)? Yes      No      If No, why?				<b>HIRE DYNAMICS</b>											
Are you available for work? Yes      When? No      Why?															
I certify that I have worked the hours listed above on this time sheet. By signing this time sheet, I declare that I have reported all injuries and illnesses that have occurred at this job to my supervisor. I understand that my paycheck will be delayed if this time sheet is incomplete or not submitted in a timely manner.															
Employee Signature				Date		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">Client Signature</td> <td colspan="2">Date</td> </tr> <tr> <td>Regular Hours</td> <td>Overtime Hours</td> <td>Double time hours</td> <td>Initials</td> </tr> </table>		Client Signature		Date		Regular Hours	Overtime Hours	Double time hours	Initials
Client Signature		Date													
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**Fax completed forms back to (678) 482-2050.**

**Please note: Forms must be received before 12:00 noon on Monday for your check to be processed.**