Secured Services

EMPLOYEES WEEKLY TIMESHEET

Week Ending Date: _____

Employee Name: _____

Client / Contractor Name: _____

Job Name / Location: _____ Job #: _____

Fill in time worked and have supervisor verify and sign each day

Date	Time In	Lunch		Time Out	Total Hours	Supervisor Signature
		Time Out	Time In			
Mon						
Tue						
Wed						
Thur						
Fri						
Sat						
Sun						
				TOTAL HOURS		All hours over 40 are considered OT hours unless otherwise stated.

Supervisors comments, if any:_____

_____

Are you returning to this job next week? ❑Yes ❑No

Any employee deliberately falsifying timecards will be immediately terminated.
By signing below I certify that: (1) I worked the hours listed on this timesheet; (2) I was not involved in any accident or sustained an injury while working the hours listed on this timesheet.

Employee Signature: _____

In order to be paid in a timely manner, timesheets are due by 12:00 pm Monday following the week worked. Send completed timecards by fax or email to: 1-206-338-2901 or Tony@SecuredSvcs.com

Any questions or issues, contact Tony @ 502-905-8200

Email Tony@SecuredSvcs.com to request more copies of this timesheet
You can also find this form online at www.SecuredSvcs.com under Timesheet tab.