



## Time Sheet

Employee Name: \_\_\_\_\_ Client Name: \_\_\_\_\_

Client Address: \_\_\_\_\_

Please check one (default is to residence)     check to residence     direct deposit

DATE	ARRIVED	LUNCH OUT          IN	DEPARTED	REGULAR HOURS	OVERTIME HOURS
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Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						

Total Hours		
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Time sheets must be faxed to Palmer no later than 12:00 noon on the following Monday. When totaling your hours for the day, round to the nearest quarter hour (.25, .5 or .75). Overtime (more than 40 hours in a week) and lunches less than an hour must be approved by the client first. Lunch is not billable or paid. **Please fax time sheets to (703) 904-1891 or email to Robin Beckwith at [rbeckwith@plsc.com](mailto:rbeckwith@plsc.com).**

I certify that the hours shown were worked by me during the week indicated. I understand Palmer remains my employer at all times during this assignment and I will receive my wages for hours worked directly from Palmer.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I certify that the hours shown were worked by your employee during the week indicated and work was performed satisfactorily. It is also understood that overtime (over 40 hours in a week) will be billed at time and a half. For each day, there is a 4 hour minimum. We agree not to employ directly the above named temporary for a period of 365 days from the above date without a release fee to Palmer.

Authorized Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_