

Weekly Time Sheet



Client Name: _____ Employee Name: _____
 Address: _____ Employee Phone: _____
 Client Contact: _____ Client Contact Phone: _____
 Week starting Monday: _____
 Week ending: _____

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Time In							
Time Out							
Total	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Meal Break							
Time In							
Time Out							
Total	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total Hours Worked							

Overtime to be Paid? Meal allowance to be paid?

Employee signature _____ Date _____ Client signature _____ Date _____

I verify that the above hours are correct and no injuries have been sustained. I understand that fees will not be paid unless the client has signed this statement.

I hereby authorize payment to be made in accordance with the days stated above and agree to the "iPeople" terms of business.