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**Submission Methods:**

**FAX: (210) 949-1227**

**EMAIL:** **payroll@stabilitystaffing.com**

**\*\*ALL TIMESHEETS DUE BY MONDAY AT NOON\*\***

 **TIMESHEET**

**Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Client Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***\*Please indicate on timesheet if any hours are to be paid as Holiday or Vacation hours\****

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** | **Sunday** |
| **DATE** |  |  |  |  |  |  |  |
| **Time In** |  |  |  |  |  |  |  |
| **Lunch** |  |  |  |  |  |  |  |
| **Time Out** |  |  |  |  |  |  |  |
| **Total** |  |  |  |  |  |  |  |

**HOURS**

**Regular: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Overtime: \_\_\_\_\_\_\_\_\_\_\_**

**Holiday: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Vacation: \_\_\_\_\_\_\_\_\_\_\_\_**

**TOTAL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**By signing this, I certify that the hours shown represent my total hours worked during the week. This timesheet has been properly verified by the client or an authorized representative and indicate I was not injured during this work week.**

**It is understood that the client/authorized representative certifies that the hours listed on this timesheet are true and the work was performed satisfactorily.**

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

**Client Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**