EMPLOYEE TIMESHEET

Elevate Staffing Solution LLC | Weekly Time Record

Employee Name _____	**Employee ID** _____	**Client / Worksite** _____	**Week Ending** _____
Supervisor _____	**Department / Assignment** _____	**Pay Rate (office use)** _____	**Timesheet Status** _____

Day	Date	Start	Meal Out	Meal In	End	Regular Hrs	OT Hrs
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Sunday							

TOTAL REGULAR HOURS: _____ TOTAL OVERTIME HOURS: _____ TOTAL HOURS: _____

Employee Certification: I certify that the hours shown above are complete and accurate and that all required meal periods and time worked have been recorded.

Employee Signature: _____	Date: _____
Client/Supervisor Approval: _____	Date: _____

Submit according to Elevate payroll instructions. Do not alter time worked or ask another person to sign for you.