

TIMELESS EMPLOYEE TIMESHEET

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| Client: | Job Number: | Week Ending: |
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| Name | Job Title | M | T | W | T | F | S | S | Total |
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CLIENT'S COMMENTS

SUPERVISOR NAME _____

SUPERVISOR SIGNED _____

PLEASE NOTE ALL TIMESHEETS MUST BE SENT BY MONDAY 9:00AM TO AVOID PAYMENT DISRUPTION.