VANGUARD PROFESSIONAL STAFFING TIME SHEET

7/11

EMPLOYEE NAME: _____ **WEEK OF:** _____

AGENCY NAME:

DAY	DATE	TIME IN	TIME OUT	LUNCH BREAK	OTHER TIME IN/OUT (DESIGNATE)	TOTAL HRS WORKED
SAT						
SUN						
MON						
TUE						
WED						
THU						
FRI						
TOTAL HRS WORKED FOR THE WEEK						0.00

I certify that the hours shown here are correct and authorize payment based on this time sheet.

_____ _____ _____

Employee's signature | Date | Daytime Phone

_____ _____ _____

Supervisor's signature | Date | Daytime Phone

IMPORTANT!

1) Complete entire time sheet, including agency placed and current phone number where you can be reached during the day for any problems.

2) Double-check for accuracy, then ***fax to* 252-265-9024 *on FRIDAY of each week with NO cover sheet*. OR**

you can scan and email it to us at bettyw@vanguardprostaff.com.

3) Retain copies for employee and agency records.