

LOCATION
LOCATION NAME
SUNDAY WEEK ENDING

WEEKLY TIME RECORD

WORKNET

616 N. Causeway Blvd. • Metairie, LA 70001

COMPANY:	ORDER NO. OR DEPT.	
ADDRESS		
CITY:	STATE:	ZIP CODE:
HOURS WORKED ARE VERIFIED AND ARE CORRECT AS INDICATED.		
CROSS OUT ANY DAYS NOT WORKED BY THE EMPLOYEE. APPROVAL INCLUDES VERIFICATION OF HOURS WORKED AND ACCEPTANCE OF THE TERMS AND CONDITIONS SET FORTH ON THE REVERSE OF THIS TIME SHEET.		
CLIENT SIGNATURE:	DATE:	

I CERTIFY THAT THE HOURS ARE CORRECT. I UNDERSTAND HOURS WILL BE VERIFIED BY WORKNET WITH THE CLIENT. I ALSO CERTIFY NO ACCIDENT OR INJURY WAS SUSTAINED WHILE WORKING ON THE ASSIGNMENT UNLESS SO NOTED IN THE COMMENT SECTION BELOW.		MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		SATURDAY		SUNDAY		TOTAL	
		HRS.	MIN.	HRS.	MIN.	HRS.	MIN.	HRS.	MIN.	HRS.	MIN.	HRS.	MIN.	HRS.	MIN.	REG.	O.T.
NAME: PRINT 1st NAME, M.I., LAST NAME	IN																
	LUNCH OUT																
SOCIAL SECURITY NUMBER	LUNCH IN																
	OUT																
EMPLOYEE SIGNATURE	TOTAL																
NAME: PRINT 1st NAME, M.I., LAST NAME	IN																
	LUNCH OUT																
SOCIAL SECURITY NUMBER	LUNCH IN																
	OUT																
EMPLOYEE SIGNATURE	TOTAL																
NAME: PRINT 1st NAME, M.I., LAST NAME	IN																
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SOCIAL SECURITY NUMBER	LUNCH IN																
	OUT																
EMPLOYEE SIGNATURE	TOTAL																
NAME: PRINT 1st NAME, M.I., LAST NAME	IN																
	LUNCH OUT																
SOCIAL SECURITY NUMBER	LUNCH IN																
	OUT																
EMPLOYEE SIGNATURE	TOTAL																

EMPLOYEE NAME: COMMENTS:	EMPLOYEE NAME: COMMENTS:	EMPLOYEE NAME: COMMENTS:
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