

Timesheet

Please Print Clearly and in Capital Letters



We accelerate change

Client Name _____

Project ID _____

Time Period: From _____ to _____

Date	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	TOTALS
Reg Hours																
O.T.																

Date	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	TOTALS
Reg Hours																	
O.T.																	

Client Standard Day: _____ hours

Notes: _____

Employee Name _____

Employee ID # _____

Work Location – City and State _____

Employee Signature _____

Date _____

CODES:
H = HOLIDAY S = SICK DAY V = VACATION LEAVE

**TIMESHEET IS DUE ON THE 16TH/17TH AND THE 1ST/2ND OF EACH MONTH
BY FAX OR EMAIL**

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