

WEEKLY TIMESHEET



Original

Use black or blue pen only. Fill out completely. Obtain supervisor's signature. Leave a copy with the facility. Return a copy to Advantage.

Void 60 days after date worked. Payment terms and hiring policy is in accordance with staffing agreement or contract.

Email completed sheets to: payroll@ampstaffing.com or Fax to: 504.883.8737

Please call with any questions to 504.780.9500 or 800.375.0073

Employee Name:

Facility Name:

Day	Date	Time In	Time Out	Area/Unit/Floor Worked	Supervisor Initials if worked through lunch	Orient Shift Please check	Charge Shift Please Check	Supervisor Initials
SUN								
MON								
TUE								
WED								
THUR								
FRI								
SAT								

Employee Signature

Date

Supervisor Signature

Date