



EMPLOYEE TIME SHEET

Employee Name	
Social Security Number	
Company Name	

Employee Agreement: I certify that I have worked the hours shown on the time sheet. If I do not contact the MyStaf office within 24 hours after completion of my assignment, MyStaf may assume that I am not available to work. I certify that I was not injured or involved in an accident while on this assignment.

Customer Agreement: I hereby certify that the above named employee has satisfactorily worked the hours indicated on this time sheet and also agree to the terms and conditions of the Client Timesheet Agreement. Client also acknowledges that MyStaf temporaries are guaranteed assignments of at least four(4) hours per day unless special arrangements have been made with MyStaf prior to assignment starting.

Employee Signature	
Customer Signature	

	DATE	CLOCK IN	CLOCK OUT	BREAK	TOTAL
MONDAY					
TUESDAY					
WEDNESDAY					
THURSDAY					
FRIDAY					
SATURDAY					
SUNDAY					

TOTAL HOURS FOR WEEK (ROUNDED TO NEAREST 1/4 HOURS) _____

TIMESHEETS DUE TO MYSTAF BY 1:00P.M EVERY MONDAY. FAX:940.322.7789