



10 Corporate Hill, Ste. 200
 Little Rock, AR 72205
 FAX: **225-3474**
 Carmyn.Lousteau@clientfirststaffing.com

Week Ending Date: _____

Client Name: _____

Associates Name: _____

Associates Phone#: _____

Associates Signature: _____

Please check assignment status: Continue

End date: _____

Date	Day	IN	OUT	IN	OUT	TOTAL
	Monday					
	Tuesday					
	Wednesday					
	Thursday					
	Friday					
	Saturday					
	Sunday					
				Total regular hours worked		
				Total OT hours worked		
				TOTAL WORKED THIS WEEK		

Time Arrived

Lunch Break

Time Departed

IMPORTANT – All time sheets are due in to CFSS office by the end of the day on Friday of your work week but no later than the following Monday morning at 10:00am. Time sheets received after these times may result in a delay in pay to the following weeks' payroll.

Supervisor/Client Signature: _____

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