



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	Time Arrived		Lunch Break		Time Departed		TOTAL
		IN	OUT	IN	OUT	OUT		
	Monday							
	Tuesday							
	Wednesday							
	Thursday							
	Friday							
	Saturday							
	Sunday							
						Total regular hours worked		
						Total OT hours worked		
						TOTAL WORKED THIS WEEK		

Supervisor/Client Signature: _____

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.