



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

Week Ending Date: \_\_\_\_\_

Work Location: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Employee Phone#: \_\_\_\_\_

Employee 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		
						<b>TOTAL WORKED THIS WEEK</b>		

Supervisor 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.