

WEEKLY TIMESHEET

Ph: 800-370-8495

Fax to 800-264-6702 or Email to timesheets@ideal4u.com

www.ideal4u.com
www.idealmarineus.com

Employee Name: _____

Last 4 Digits SS#: _____

Employee Signature: _____

Week Ending: _____

I certify that I have worked the hours listed on this time report.

Timesheet should be submitted to Ideal Technical Staffing Solutions by Monday morning at noon. It must contain all the hours worked, less lunch and be signed by your supervisor.

CLIENT NAME / JOB TITLE	JOB / PO NUMBER	HOURS	M	T	W	TH	F	SA	SU	TOTAL
		ST								
		OT								
		ST								
		OT								
		ST								
		OT								
		ST								
		OT								
		ST								
		OT								
		ST								
		OT								
		TOTALS								

Client Authorization: I certify that the above hours are actually worked by the IDEAL employee and accept the customer agreement described below. Client will confirm total hours on the line next to the date.

Date: _____ Total Hours Above: ST: _____ OT: _____

Authorizing Signature: _____ Phone Number: _____

Print Name: _____ Title: _____

To Our Customer:

- Confirm the hours entered on this timecard by our employee by signing your name and title.
- Save a copy of this timecard to match to our invoice.

Terms of Our Service:

- An invoice is rendered weekly based on the hours worked as shown on this timecard.
- Our indemnity agreement and other terms and conditions are contained on our invoice. A copy is available at our Branch Office upon request.
- The services we provide are made possible only through the expenditure of substantial sums for advertising, testing and training of our personnel. Therefore, if you hire our employee who performed the services shown on this timecard within six months from the date that the assignment started, you agree to pay us as liquidated damages a fee determined in accordance with our permanent placement fee schedule or as previously agreed upon in writing between the customer and Ideal Technical Staffing Solutions.