

TSi Staffing inc.

FAX TO: 202-204-6352

When downloading and using this time sheet please make two additional copies. Please send the signed original to TSi and leave one copy with the person who authorizes and signs your time sheet.

TSi Associate:	Client:
SS#:	
Address:	

Are you returning to this assignment? Yes () No ()

Type	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Total
Date								
Regular								
Overtime								
Total								

Comments:

Lunch times CANNOT be included in total hours worked.

All O.T. must be approved by a TSi coordinator prior to working the O.T

O.T. MUST also be approved and initiated by the client.

*Approved timesheets are due by 6pm Monday, or
you are not guaranteed payment till the following week!

I acknowledge that the individual's work was satisfactory, the hours shown are correct, and that we will pay TSi for all regular and overtime hours listed. We further agree to any TSi liquidation fees should we employ this person on a full time, temporary, contract or any other basis.

Consultant Signature

Consultant:
Date:

Client Signature

Client:
Date:

The year 2010 is a major milestone for TSi as we celebrate our 20th year in business!
www.tsistaffing.com