

# TSi TIME SHEET

**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.**



**Crofton • Washington • Bethesda**

Office locations and phone numbers  
are listed on the back of this form.

Print Your Name \_\_\_\_\_

SS # \_\_\_\_\_ Tel. No. ( \_\_\_\_ ) \_\_\_\_\_

Address \_\_\_\_\_

Are you returning to this assignment?    ( ) yes    ( ) no

- 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 initialed by the client.
- Approved Time Sheets are due by 6:00 p.m. Monday.

Signature \_\_\_\_\_

TIME RECORD	Date	Reg Hrs	OT Hrs	OT Approval
Mon.	/ /			
Tues.	/ /			
Wed.	/ /			
Thur.	/ /			
Fri.	/ /			
Sat.	/ /			
Sun.	/ /			
<b>Totals</b>				

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 pay TSi liquidation fees should we employ this person on a full time, temporary, contract, or any other basis.

COMPANY AUTHORIZED SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

Company Name \_\_\_\_\_

Dept. \_\_\_\_\_ Supv. \_\_\_\_\_

Address \_\_\_\_\_

Distribution: WHITE & CANARY to TSi, PINK to Client, GOLD to Employee.