

**Advanced Staffing Associates**

55 Whiting St., Suite 1B  
Plainville, CT 06062

(860) 747-6406 Fax: (860) 793-6044

Week Ending Sunday: \_\_\_\_\_

EMPLOYEE NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

COMPANY ADDRESS: \_\_\_\_\_

	Date	Start Time	End Time	Lunch	Regular HRS	OT Hours	Total Hours	BY EXECUTING THIS FORM, I CERTIFY THAT THESE HOURS ARE A TRUE AND ACCURATE RECORD OF ALL TIME WORKED DURING THE PAY PERIOD.  _____ EMPLOYEE SIGNATURE:  _____ AUTHORIZED SUPERVISOR SIGNATURE:  _____ TITLE:  _____
<u>Mon</u>		-	-	-	-	-	-	
<u>Tue</u>		-	-	-	-	-	-	
<u>Wed</u>		-	-	-	-	-	-	
<u>Thu</u>		-	-	-	-	-	-	
<u>Fri</u>		-	-	-	-	-	-	
<u>Sat</u>		-	-	-	-	-	-	
<u>Sun</u>		-	-	-	-	-	-	
Please round hours to nearest Quarter Hour					<b>TOTALS:</b>	-	-	-

Please send completed timesheets no later than 9:00 am on Monday to: [loraa@advmr.net](mailto:loraa@advmr.net)