



Time Sheet

Associate Name _____
(Please Print)

Pay Period Ending *(Sunday)* _____

Social Security Number _____
(last 4 digits only)

Client Company: _____

Location : _____

	mm/dd	Time In	Lunch Out	Lunch In	Time Out	Regular Time	Overtime	Vacation (V) Holiday (H)	Total Hours
Mon									
Tues									
Wed									
Thurs									
Fri									
Sat									
Sun									

Weekly Totals (round to nearest quarter hour)

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Associate Notice

Please fill in this time sheet completely. Make a copy for your records. Give another copy to your supervisor who signs to verify your hours worked. Corporate Management Group, Inc. requires that time sheets are received by 10:00 (mountain time) Monday. Failure to meet this deadline may delay your check by one week.

I certify that I have worked the hours listed on this time sheet. While on this job assignment, I have not had any work-related injuries or illnesses that I have not report to CMG.

Associate Signature: _____

Date: _____

Client Verification

The undersigned, as authorized agent for client company, certifies that the Corporate Management Group employee named on this time sheet, worked acceptably during the period noted on this time sheet. The undersigned agent also certifies and approves the hours listed above on this time sheet.

Client Agent Signature: _____

Date: _____

Printed Name: _____

Title: _____