



# TIME TRACKING SHEET

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

CLIENT NAME: \_\_\_\_\_

*Please submit approved timecards no later than end of day on the Monday following the week worked  
by EMAIL: [timecards@atrstaffing.net](mailto:timecards@atrstaffing.net) or TEXT: 720-716-5800*

WEEKENDING: Sunday \_\_\_\_/\_\_\_\_/\_\_\_\_

SHOW ONLY TIME ACTUALLY WORKED

	DATE	START TIME	Start Lunch:	End Lunch:	FINISH TIME	TOTAL HOURS
MON	/					
TUES	/					
WED	/					
THUR	/					
FRI	/					
SAT	/					
SUN	/					
TOTAL						

Lead Signature / Date: \_\_\_\_\_

Lead Printed Name: \_\_\_\_\_

WEEKENDING: Sunday \_\_\_\_/\_\_\_\_/\_\_\_\_

SHOW ONLY TIME ACTUALLY WORKED

	DATE	START TIME	Start Lunch:	End Lunch:	FINISH TIME	TOTAL HOURS
MON	/					
TUES	/					
WED	/					
THUR	/					
FRI	/					
SAT	/					
SUN	/					
TOTAL						

Lead Signature / Date: \_\_\_\_\_

Lead Printed Name: \_\_\_\_\_

WEEKENDING: Sunday \_\_\_\_/\_\_\_\_/\_\_\_\_

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Lead Signature / Date: \_\_\_\_\_

Lead Printed Name: \_\_\_\_\_

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Lead Signature / Date: \_\_\_\_\_

Lead Printed Name: \_\_\_\_\_