

TIME TRACKING SHEET

EMPLOYEE NAME:		
CLIENT NAME:		

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Above the Rest Staffing						Please submit approved timecards <u>no later than end of day on the Monday following the week worked</u> by EMAIL: timecards@atrstaffing.net or TEXT: 720-716-5800								
		Sunday		II						Sunday		// ₋ /		
	DATE		Start Lunch:	End Lunch:	FINISH TIME	TOTAL HOURS			DATE		Start Lunch:	End Lunch:	FINISH TIME	TOTAL HOURS
MON	/					поско	<u> </u>	MON	1					Поско
TUES	/							TUES	/					
WED	/						\	WED	1					
THUR	/							THUR	1					
FRI	/						F	FRI	/					
SAT	/						5	SAT	/					
SUN	/						5	SUN	1					
TOTAL							F	TOTAL						
WEEKEN	NDING:	Sunday					,	WEEKEN	DING:	Sunday				
	DATE	START TIME	Start Lunch:	End Lunch:	FINISH TIME	TOTAL HOURS			DATE	START TIME	Start Lunch:	End Lunch:	FINISH TIME	TOTAL HOURS
MON	/						M	MON	1					
TUES	/							TUES	1					
WED	/						\	WED	1					
THUR	/							THUR	1					
FRI	/						F	FRI	1					
SAT	/						5	SAT	1					
SUN	/						5	SUN	1					
TOTAL							1	TOTAL						
Lead Sigr	nature / Da	te:					ı	Lead Sign	ature / Da	te:				
Lead Printed Name:					ı	Lead Print	ed Name:							