



**WEEKLY TIME SLIP**  
**Instructions to Employee**

1. Complete all sections of Time Slip.
2. Have client sign and retain yellow copy
3. Retain a copy for your records
4. Email copy at the end of every week

YOUR NAME \_\_\_\_\_  
 CLIENT \_\_\_\_\_  
 AREA/UNIT WORKED \_\_\_\_\_

Week Ending \_\_\_\_\_

Classification \_\_\_\_\_

DAY M,T,W,T,F,S,S	DATE	UNIT WORKED	TIME IN	MEAL BREAK	TIME OUT	TOTAL REG TIME	TOTAL OVERTIME	SIGNATURE	TOTAL HOURS WORKED (ROUND TO THE NEAREST QUARTER HOUR)	
									REGULAR TIME	
									HOURS	MINUTES
									OVERTIME	
									HOURS	MINUTES
									OVERTIME APPROVED BY CLIENT YES <input type="checkbox"/> NO <input type="checkbox"/>	
<b>COMMENTS</b>										

I CERTIFY THAT NO ACCIDENT OR INJURY WAS SUSTAINED BY ME WHILE WORKING ON THE ASSIGNMENT UNLESS SO NOTED ABOVE. I CERTIFY THAT THE HOURS SHOWN ABOVE REPRESENT MY TOTAL HOURS WORKED ON THE ASSIGNMENT AND THAT THEY WERE PROPERLY VERIFIED BY THE CLIENT'S AUTHORIZED REPRESENTATIVE.

I CERTIFY THAT THE HOURS SHOWN ABOVE ARE CORRECT AND WORK WAS PERFORMED IN A SATISFACTORY MANNER.

\_\_\_\_\_

Employee Signature

\_\_\_\_\_

Client Signature