

WORKNET

1. USE A NEW TIMESHEET FOR EACH ASSIGNMENT.
2. COMPLETE ENTIRE TIMESHEET
3. HAVE A SUPERVISOR SIGN AND VERIFY HOURS WORKED.
4. SUBMIT SIGNED TIMESHEET BY 11:30AM MONDAY.

FAX TO
1 866 871-0097

EMPLOYEE NAME (LAST, FIRST INITIAL)

WEEKENDING DATE

SOCIAL SEC #

/ / - -

I UNDERSTAND THAT THE HOURS WILL BE VERIFIED BY WORKNET WITH THE CUSTOMER. I ALSO CERIFY NO ACCIDENT OR INJURY WAS SUSTAINED WHILE WORKING ON THE ASSIGNEMENT UNLESS SO NOTED IN THE COMMENTS SECTION.

COMMENTS:

EMPLOYEE SIGNATURE:

DATE: / /

ASSIGNMENT COMPLETE? YES___ NO___
 IF YES, IMMEDIATELY CALL WORKNET OFFICE.

	DATE Month/Day	TIME IN	LUNCH OUT	LUNCH IN	TIME OUT	TOTAL TIME	MILEAGE
MON	/	:	:	:	:	:	
TUE	/	:	:	:	:	:	
WED	/	:	:	:	:	:	
THR	/	:	:	:	:	:	
FRI	/	:	:	:	:	:	
SAT	/	:	:	:	:	:	
SUN	/	:	:	:	:	:	

COMPANY: ORDER NO. OR DEPT

ADDRESS:

CITY STATE ZIP CODE

TIMESHEET HOURS ARE VERIFIED AND ARE CORRECT AS INDICATED

CROSS OUT ANY DAYS NOT WORKED BY THE EMPLOYEE. APPROVAL INCLUDES VERIFICATION OF HOURS WORKED AND ACCEPTANCE OF THE TERMS AND CONDITIONS OF THE WORKNET SERVICE AGREEMENT.

CLIENT SIGNATURE:

DATE

__ / __ / __

REG TIME
:

+

OVERTIME
:

+

DBL TIME
:

=

TOTAL TIME
:

TOTAL MILES