

Company _____

Job Site _____

Weekending Date _____

PO # _____

Employee Name		Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Total	Signature
	In									
	Lunch									
	Out									
	Total									
	In									
	Lunch									
	Out									
	Total									
	In									
	Lunch									
	Out									
	Total									
	In									
	Lunch									
	Out									
	Total									
	In									
	Lunch									
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	In									
	Lunch									
	Out									
	Total									
	In									
	Lunch									
	Out									
	Total									
	In									
	Lunch									
	Out									
	Total									

Supervisor Name



Supervisor Signature

Must be faxed or emailed by:
Monday at 9:00 am
to 866.521.5624
or payroll@staffccs.com