



Employee Name (First / Middle Initial / Last)

First Five (5) Digits of SSN

Client Name

Snelling Office/ Phone, Fax

Street Address

Street Address

City State Zip

City State Zip

5 Digit Office ID

Assignment ID

Assignment Continuing?

YES

NO

In order for the field employee to be paid for total weekly hours shown, this time sheet must be completed and signed both by the field employee and by an authorized representative of the Client company who can verify the days and hours worked.

Work Weekending Date format MM/DD/YYYY

Table with columns for Date (Saturday-Friday), Time In, Time Out, Break, and Total Weekly Hours. Includes a note: Note: Date & Days will complete based on week ending date entered above. Format time as hh:mm PM/AM

EMPLOYEE STATEMENT: I acknowledge that I am an employee of Snelling Staffing, LLC and I am not an employee of the client company. I acknowledge that the end of this assignment is not a termination of my employment with Snelling.

Employee Signature/Date Forwarding this timesheet for client approval via Email is your electronic signature.

CLIENT STATEMENT: I hereby certify the hours I have indicated below are accurate and that Snelling's field employee is entitled to be paid accordingly. If there is a difference between total hours indicated for each timecard and total hours indicated by day, the hours by day shall be controlling.

Client Signature Date Phone

Printed Name of Authorized Client Representative

Fax to: or forward via Email to: Enter Snelling email account

Forwarding this timesheet via Email is your electronic signature.

TERMS AND CONDITIONS
In consideration of services performed, Snelling Employment, LLC d/b/a Snelling ("Snelling"), and Client agree to the following:
Client certifies that all hours transmitted to Snelling electronically are accurate and that Snelling's Assigned Employee is entitled to be paid in accordance with the time electronically transmitted and verified by Client.