

1. Fill out timesheet **COMPLETELY & ACCURATELY**.
2. **TIMESHEET SIGNED BY CLIENT REPRESENTATIVE & EMPLOYEE.**
3. E-Mail/Fax original promptly to reach our office by Monday 12:00 noon.
(If you fax in your timesheet, call to confirm that ASC received it)
4. Checks will be available for you to pick up at 8 am on Thursday.
5. Checks that have not been picked up by 4:00 pm Friday will be mailed.
6. Please call when you have completed your assignment or when assistance of any kind is needed.

MAIL CHECK	PICK UP CHECK
Week Ending Date (Saturday)	

DAY	DATE	TIME IN (am/pm)	TIME OUT (am/pm)	LESS LUNCH	TOTAL HOURS FOR THE DAY
SUN					
MON					
TUES					
WED					
THUR					
FRI					
SAT					
HOURS WORKED THIS WEEK	REGULAR HRS	OVERTIME HRS	TOTAL HOURS		

EMPLOYEE NAME	
SOCIAL SECURITY NUMBER	EMPLOYEE NO

I certify the hours recorded here are correct. I was not injured while on my job assignment this week.

_____ Client Name

Employee's Signature: _____

_____ Supervisor Signature

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