| |
|---|
| ***Company Name*** : |
| ***Authorized Signature:*** |
| ***Week Ending (Saturday):*** |

AMERICAN STAFFCORP

**Tulsa: 6301 S. Mingo Road 74133**
**(918) 362-WORK (9675)**
**Fax (918) 362-9859**

**OKC: 111 Harrison Ave, Ste 106 73104**
**(405) 516-WORK (9675)**
**Fax (405) 516-9678**

Please turn timesheets in no later than Monday at **12:00 noon.**

| | | Sun | Mon | Tues | Wed | Thurs | Fri | Sat | | Reg Hrs | OT Hrs | Total Hrs |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| ***EMPLOYEE NAME:*** | **Time In** | | | | | | | | | | | |
| ***SOCIAL SECURITY NUMBER:*** | **Lunch (Out)** | | | | | | | | | | | |
| ***EMPLOYEE SIGNATURE*** | **Lunch (In)** | | | | | | | | | | | |
| | **Time Out:** | | | | | | | | | | | |
| I certify the hours recorded here are correct. I was not injured while on my job assignment this week. | **Daily Total** | | | | | | | | | | | |

| | | Sun | Mon | Tues | Wed | Thurs | Fri | Sat | | Reg Hrs | OT Hrs | Total Hrs |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| ***EMPLOYEE NAME:*** | **Time In** | | | | | | | | | | | |
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| ***EMPLOYEE NAME:*** | **Time In** | | | | | | | | | | | |
| ***SOCIAL SECURITY NUMBER:*** | **Lunch (Out)** | | | | | | | | | | | |
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