

841 Broadway  
Suite 502  
New York, NY 10003  
Tel 212.254.8600

Employee Name

Company Name

Supervisor's name/Email Address

Onsite Phone Number

**1** Week Ending Sunday,

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Write "expenses attached" (if applicable)

	<i>Time In</i>	<i>Time Out</i>	<i>Minus Lunch</i>	<i>Total Hours</i>
<b>Mon</b>	<input type="text"/> : <input type="text"/>	<input type="text"/> : <input type="text"/>	<input type="text"/> : <input type="text"/>	<input type="text"/> : <input type="text"/>
<b>Tue</b>	<input type="text"/> : <input type="text"/>	<input type="text"/> : <input type="text"/>	<input type="text"/> : <input type="text"/>	<input type="text"/> : <input type="text"/>
<b>Wed</b>	<input type="text"/> : <input type="text"/>	<input type="text"/> : <input type="text"/>	<input type="text"/> : <input type="text"/>	<input type="text"/> : <input type="text"/>
<b>Thu</b>	<input type="text"/> : <input type="text"/>	<input type="text"/> : <input type="text"/>	<input type="text"/> : <input type="text"/>	<input type="text"/> : <input type="text"/>
<b>Fri</b>	<input type="text"/> : <input type="text"/>	<input type="text"/> : <input type="text"/>	<input type="text"/> : <input type="text"/>	<input type="text"/> : <input type="text"/>
<b>Sat</b>	<input type="text"/> : <input type="text"/>	<input type="text"/> : <input type="text"/>	<input type="text"/> : <input type="text"/>	<input type="text"/> : <input type="text"/>
<b>Sun</b>	<input type="text"/> : <input type="text"/>	<input type="text"/> : <input type="text"/>	<input type="text"/> : <input type="text"/>	<input type="text"/> : <input type="text"/>
			<b>2</b> <i>Week Total Hours</i>	<input type="text"/> : <input type="text"/>
			<b>3</b> <i>Total Regular Hours</i>	<input type="text"/> : <input type="text"/>
			<b>4</b> <i>Total Overtime Hours</i>	<input type="text"/> : <input type="text"/>

**5** Assignment

Will Continue	Is Complete
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**6**

**Employee's Signature:**

Before signing below, please make sure that all hours and totals are correct. Your signature indicates that you certify the hours shown are correct.

**7**

**Supervisor's Signature:**

By signing below, I certify that I understand and agree to the terms of this document and that I am authorized to sign on the company's behalf. I understand that my company will be billed for the hours listed above. I certify that the hours shown are correct and authorize payment. I understand that there is a four-hour minimum billed per day. I also agree not to directly hire, nor hire through any source other than CGR/seven, any CGR/seven employee without first paying a fee equivalent to 30% of the first year's salary.

Please fax timesheet to 212.214.0790 by Noon on Monday!

PO number, if applicable