

Diversified Personnel

Please fax toll free to (888)835-6005

Saturday
Week Ending Date

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To ensure the accuracy of your paycheck, please print clearly and within the lines.

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Employee Name:

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Company Name:

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	Date Worked	Time In	Time Out	Time In	Time Out	Total Daily																								
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As the Client authorized representative, I certify that this employee's hours shown on this time sheet are correct and that the work was performed satisfactorily.

I certify that I worked the hours shown on this card on the days indicated and that this card has been certified by a person that I believe is an authorized representative of the Client.

Supervisor Signature: _____

Employee Signature: _____

4774

This timesheet MUST be in the office by 12:00 NOON Monday in order to receive a paycheck Thursday.

MAIL my check

HOLD my check for pickup until 5pm Friday

