



Your Time Sheet



The Arnold Group
A HUMAN RESOURCE COMPANY

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1

WEEK ENDING DATE (SUN) SOCIAL SECURITY NO.

MONTH DAY YEAR

EMPLOYEE NAME (PRINT)

COMPANY NAME (PRINT) DEPARTMENT

2

ASSIGNMENT STATUS: CONTINUING COMPLETED AVAILABLE

I certify that I have worked the hours shown on this time sheet and no accident or injury was sustained while working on the assignment unless noted in the comment section. I have read, understand and agree to follow the instructions printed on the reverse side.

COMMENTS: _____

3

X
EMPLOYEE SIGNATURE

CROSS-OUT DAYS NOT WORKED – ROUND TO NEAREST 1/4 HOUR (.25, .50, .75)					
DAY	DATE	TIME IN	TIME OUT	LESS LUNCH	DAILY TOTAL
MON					■
TUES					■
WED					■
THU					■
FRI					■
SAT					■
SUN					■

4

TOTAL HOURS →
DO NOT INCLUDE LUNCH TIME

5

CLIENT AUTHORIZATION

NAME (PRINT) PHONE EXT.

WRITE IN TOTAL HOURS AND FRACTIONAL HOURS (.25, .50, .75)

→

I certify that the above TAG employee worked the hours shown on this time sheet and agree to the terms and conditions set forth on the reverse side.

X
AUTHORIZED SIGNATURE

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