



# EMPLOYEE TIME SHEET

**Due Friday(s) by 5pm**

**AM-PM Services Inc.**

**P.O. Box 186**

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	DATE	TIME IN	TIME OUT	HOURS WORKED	EMPLOYEE NAME LAST FIRST MIDDLE
MON					EMPLOYEE ADDRESS (If Changed)
TUE					PHONE NO. (If Changed)
WED					CUSTOMER'S NAME
THUR					CONTACT PERSON
FRI					SPECIAL BILLING INSTRUCTIONS
SAT					PURCHASE ORDER # (If Applicable)
SUN					REPORTS TO
<b>TOTAL HOURS</b>				<b>Reg</b>	<b>CUSTOMER AGREEMENT</b>
				<b>Overtime</b>	
<p align="center"><b>EMPLOYEE STATEMENT</b></p> <p>I CERTIFY THE HOURS SHOWN WERE WORKED BY ME THE WEEK INDICATED. I UNDERSTAND I AM TO CONTACT AM-PM UPON COMPLETION OF AN ASSIGNMENT.</p> <p><b>EMPLOYEE SIGNATURE</b></p> <hr/>					<p>It is understood that the undersigned is an authorized representative of the company and hereby certifies that the hours herewith indicated are correct and that the work was performed satisfactorily.</p> <p>Customer agrees to call AM-PM in contacting the person named above either for temporary or permanent use. If customer desires to hire this person on a permanent basis, it is agreed that this intent will be given to AM-PM.</p> <p><b>CUSTOMER PRINT &amp; SIGNATURE</b></p> <hr/>
<b>FOR AM-PM USE ONLY</b>					<b>FOR AM-PM USE ONLY</b>
TOTAL REGULAR HOURS	REGULAR RATE		MISC.		
TOTAL OVERTIME HOURS	OVERTIME RATE				
WEEK ENDING DATE	(HOL/VAC)				