



Direct Staffing Solutions Inc.

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**TIME SHEET**

Name:	Week Ending:

Client:	Report Address:
	Report To:

Day	Date	TIME		Less Meal Break	Total Daily Hours	Overtime Hours
		Start	Finish			
SUNDAY						
MONDAY						
TUESDAY						
WEDNESDAY						
THURSDAY						
FRIDAY						
SATURDAY						
<b>TOTALS</b>						

THIS TEMPORARY EMPLOYEE

IS  IS NOT

REQUIRED BACK NEXT WEEK.

TOTAL HOURS VERIFIED BY AND QUALITY OF WORK APPROVED BY:

\_\_\_\_\_ AUTHORIZED SIGNATURE

White/Customer

Yellow/Customer Return

Pink/Accounting

Gold/Employee