



ATTENTION

This form must be completed and approved by the employee supervisor and faxed by Monday afternoon at 5:00 pm. If we do not receive your timesheet before payroll is processed, your paycheck could be delayed until the following pay period.

Payroll Fax: 864-272-0436
or email to payroll@kudzumedical.com

WEEKLY TIMESHEET

EMPLOYEE NAME (PRINT)			ASSIGNMENT					
EMPLOYEE ADDRESS								
EMPLOYEE SSN (LAST FOUR DIGITS)								
WEEK ENDING / /								
	DATES		TIME IN	LUNCH OUT	LUNCH IN	TIME OUT	TOTAL HOURS WORKED	
	Month	Day					Hours	Minutes
MONDAY			:	:	:	:		
TUESDAY			:	:	:	:		
WEDNESDAY			:	:	:	:		
THURSDAY			:	:	:	:		
FRIDAY			:	:	:	:		
SATURDAY			:	:	:	:		
SUNDAY			:	:	:	:		
Total Hours Printed in Words							Total	

CLIENT APPROVAL

THE HOURS AS SHOWN ON THIS TIME SHEET ARE CORRECT. BY SIGNING THIS CLIENT APPROVAL, WE AGREE TO BE BOUND BY THE TERMS OF THE CONDITIONS OF THE CONTRACT FOR SERVICES.

COMPANY _____

BY _____

TITLE _____

KUDZU FIELD EMPLOYEE APPROVAL

I CERTIFY THAT THE DAYS AND HOURS SHOWN ON THIS TIME SHEET ARE CORRECT AND WERE WORKED BY ME.

EMPLOYEE NAME _____

EMPLOYEE SIGNATURE _____

DATE _____

NOTES:
