INSURANCE RELIEF®

7535 N. Palm Ave., Suite 103
Fresno, CA 93711-5731
(888) 292-4440 • (559) 431-6428 • Fax (888) 292-4448
www.insurance-relief.com

TIMESHEET

Client Name:

Employee

Name _____

Employee ID _____

Employee Signature _____

Work Week

OFFICE NO. 102 From: _____ (**Monday**) To: _____ (**Sunday**)

MUST BE RECEIVED BY INSURANCE RELIEF BEFORE 12:00 P.M. EVERY MONDAY

Date	Start Time	Meals		End Time	Total Time
		Out	In		
ROUND TIME TO THE NEAREST QUARTER HOUR					

Approved By

X _____
AUTHORIZED CLIENT SIGNATURE DATE

_____
TITLE

Client approval includes verification of hours worked. DO NOT SIGN IF HOURS ARE NOT TOTALED. It is hereby certified by the individual signing this timesheet on behalf of the Client, that the hours listed are correct and acceptance of terms and conditions.

TIMESHEET MUST BE TURNED IN TO BE PAID!
NO CHECK WILL BE ISSUED ON UNSIGNED TIMESHEET.

OFFICE USE ONLY

Pay Hours	Reg.	O.T.

Bill Hours	Reg.	O.T.