



TIME SHEET

WEEK OF: _____ - _____

1429 Merrill Drive
Little Rock, AR 72211
Phone: 501-801-7626
Fax: 501-232-2812
Email: payroll@apexstaffing.net

Timesheets must be signed by a supervisor and are due via fax/email on Monday by noon.

COMPANY NAME:
EMPLOYEE NAME:
EMPLOYEE SIGNATURE:

	START TIME	LUNCH OUT	LUNCH IN	END TIME	HOURS
MONDAY					
TUESDAY					
WEDNESDAY					
THURSDAY					
FRIDAY					
SATURDAY					
SUNDAY					

TOTAL HOURS

It is hereby certified that the hours totaled above are correct. We agree to pay Apex Staffing the amount billed upon receipt of invoice. The service rendered by Apex Staffing is made possible only by a substantial investment in advertising, testing and training a staff of personnel. Therefore, in consideration for this service being made available to us, we agree, that in the event this employee becomes employed by us before the contract period is completed, we will pay an employee buyout service fee to Apex Staffing.

SUPERVISOR SIGNATURE:	DATE:
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