



PENN

Technical Staffing

TIMESHEET

Week End Date: ____/____/____

Client Name: _____

Employee Name: _____ Employee # or last 4 of SS#: _____

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
Start								
Out								
In								
Finish								Total
Regular								
OT								
Total								

Please ensure you fax, email an image, mail, or hand-deliver this timesheet to Penn Technical Staffing at the end of your work week. Timesheets received after the deadline of Monday at 3:00 will be recorded as late hours and may delay your pay until the following pay period.

Employee Signature: _____

I understand it is my responsibility to ensure this timesheet is provided to Penn Technical Staffing. I hereby certify the hours shown above were worked by me during the week listed, and were certified by an authorized representative of the client. If any of this form is incomplete it may be returned for completion and delay your pay, so please ensure you take a moment to have this form complete.

Client Approval: _____

Client agrees the signature provided is an authorized representative of the client.

PENN TECHNICAL STAFFING CONTACT INFORMATION		
Additional blank timesheets can be found on our website.	Email	Fax
	timesheets@penntechnical.com	(302) 731-5025 (610) 255-0400
PLEASE MAKE A COPY OF THIS TIMESHEET FOR YOUR RECORDS		