



FUSILIER
BUSINESS SERVICES
PROFESSIONAL STAFFING AND BUSINESS SERVICES
415.519.8558

Email timesheet to: timesheet@dfusilier.com

TEMPORARY EMPLOYEE NAME: LAST FIRST MI

LAST TWO DIGITS OF SOCIAL SECURITY NO. PAYCHECK HOLD MAIL DIRECT DEPOSIT

RETURNING TO SAME ASSIGNMENT? YES *NO *IF NO, PLEASE CONTACT FBS

WEEK ENDING SATURDAY MO. / DAY / YR.

CLIENT COMPANY NAME:

REPORT ALL TIME TO THE NEAREST 1/4 HOUR

DATE WORKED	START TIME	MEAL START	MEAL END	MEAL TOTAL	FINISH TIME	TOTAL HOURS WORKED
SUN	/ /					
MON	/ /					
TUE	/ /					
WED	/ /					
THU	/ /					
FRI	/ /					
SAT	/ /					

For office use only	TOTAL HOURS FOR WEEK	
	REG	OT

I CERTIFY THAT I HAVE WORKED THE HOURS SHOWN ON THIS TIME CARD
 EMPLOYEE SIGNATURE **X**

The Supervisor below is authorized to review, certify and approve the hours indicated, including Overtime Hours. Approval indicates acceptance of Fusilier Business Services Client Temporary Staffing Agreement:

SUPERVISOR'S SIGNATURE **X** DEPT. _____
 DATE _____