



Time Record

Name: _____

Company: _____ Site: _____

Day	Date	Start and end time	Lunch time (not paid)	Paid number of Hours Worked
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				

Total amount of hours to be paid at this location for the week: _____

Comments: _____

When you complete each assignment for the week, fax your time record to **978-258-2682**.
 This record must be in by Friday 8 pm in order to be paid the following week.
 Please complete accurately as this is sent to the client.
 Lunch is not paid for and we can only bill for actual time worked.
 Please call with any concerns or issues. Thank you.