



# Weekly Timesheet

Each week, employees will need to fill out the form completely and sign/date; then have their supervisor review and sign/date; and then submit to Southeast Texas HR, LLC every Monday by 5pm. Submit your timesheet by either:

FAX 409.332.4104

EMAIL jobs@setxhr.com

DROP-OFF at our office

**All timesheets that are not received by the deadline will be processed the following pay period.**

Employee Name: \_\_\_\_\_ SSN (Last 4 Digits): \_\_\_\_\_

Client Name: \_\_\_\_\_ Week Ending Date: \_\_\_\_\_

Date	Time In	LUNCH Time Out	LUNCH Time In	Time Out	Total Hours Each Day
MON					
TUE					
WED					
THU					
FRI					
SAT					
SUN					
<b>Total REGULAR Hours</b>					
<b>Total OVERTIME Hours</b>					

## EMPLOYEE ACKNOWLEDGMENT

I certify, through my signature below, that I have worked the hours listed on this timecard and that the hours reflected are true and accurate. I further acknowledge that I have not been denied any required meals and rest breaks during this pay period. If I did not receive any required meals and rest breaks during this pay period, I agree that I will immediately notify my Southeast Texas HR, LLC supervisor. In addition, while on assignment, I have not had any work related injuries or illnesses nor have I been subject to any workplace discrimination or harassment.

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## CLIENT ACKNOWLEDGMENT

I certify, through my signature below, that the hours provided above are correct and the work performed was satisfactorily completed.

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_