



Week Ending Date: (Sunday) _____

1. Fill out timesheet **COMPLETELY & ACCURATELY.**
2. **TIMESHEET SIGNED BY CLIENT REPRESENTATIVE & EMPLOYEE.**
3. E-Mail/Fax original promptly to reach our office by Monday 12:00 noon.
(If you fax in your timesheet, call to confirm that Certified Source received it)
4. If I do not contact the Certified Source Office within 24 hours after the completion of my assignment, Certified Source may assume that I am not available to work.
5. Please call when you have completed your assignment or when assistance of any kind is needed.

EMPLOYEE NAME	
SOCIAL SECURITY NUMBER	EMPLOYEE NO

DAY	DATE	TIME IN (am/pm)	TIME OUT (am/pm)	LESS LUNCH	TOTAL HOURS FOR THE DAY
MON					
TUES					
WED					
THUR					
FRI					
SAT					
SUN					
HOURS WORKED THIS WEEK	REGULAR HRS	OVERTIME HRS	TOTAL HOURS		

I certify the hours recorded here are correct. I was not injured while on my job assignment this week.

Client Name

Employee's Signature: _____

Supervisor Signature

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