



Employee Name: _____

Client Company: _____

Week Start Date: _____

Employee Time Sheet

Fax to (210) 579-7234

By Saturday 11:59 pm CST, No Exceptions

WEEK 1	Date (MM/DD)	Time-In	Time-Out	Lunch (minutes)	Hours Worked
Sunday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Total					

WEEK 2	Date (MM/DD)	Time-In	Time-Out	Lunch (minutes)	Hours Worked
Sunday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Total					

Employee: It is YOUR responsibility to obtain your supervisors signature and to turn in your timesheet no later than Saturday 11:59pm CST in order to process your paycheck. Any late timesheets will be processed for a \$25 late fee. After the deadline, timesheets will be processed the following pay period and paid on the next pay date (no exceptions).

Employee Signature: _____

Client: I certify that the "Total Hours Worked" as shown above shall be controlling for all billing purposes. Furthermore, I certify that all work performed by the InGenesis employee named above during the specified period was consistent with industry standards and the start of the art applicable thereto, and performed to your reasonable satisfaction.

Supervisor's Signature: _____ Date: _____