

Bennett-Hall Company

CHARLOTTE
(704) 365-8802

GASTONIA
(704) 810-7501

Fax all timesheets to: 704-365-7148

DAY	DATE	HOURS TO NEAREST QUARTER HOUR					EMPLOYEE NAME (FIRST, LAST)				
		START	FINISH	LUNCH	REG. HOURS	OVERTIME HOURS	SOCIAL SECURITY NUMBER		WEEK ENDING DATE		
MON											
TUES							TO BE COMPLETED BY EMPLOYEE:				
WED							Are you returning to this assignment? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> HOLD MY CHECK				
THURS							Assignment completed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> MAIL MY CHECK				
FRI							Available for work? <input type="checkbox"/> Yes <input type="checkbox"/> No When Available? _____ (If availability is not indicated, Bennett-Hall may assume I am not available)				
SAT							UNLESS NOTED ON THIS FORM, I HAVE NOT BEEN INJURED ON THE JOB THIS WEEK.				
SUN							Employee Signature: X				
							CLIENT PLEASE COMPLETE:				
							COMPANY NAME				
TOTAL HOURS TO NEAREST QUARTER HOUR. MINIMUM FOUR (4) HOURS PER EMPLOYEE PER DAY.					REGULAR		OVERTIME		AUTHORIZED SIGNATURE		TITLE
					HRS	MIN	HRS	MIN			
THANK YOU. WE APPRECIATE YOUR BUSINESS.					TOTAL HOURS		DEPARTMENT		TELEPHONE NUMBER		DATE

IMPORTANT FOR CLIENTS: BY EXECUTION OF THIS FORM, CLIENT CERTIFIES THAT HOURS SHOWN ARE CORRECT; WORK WAS SATISFACTORY; AND THAT CLIENT AGREES TO THE TERMS AND CONDITIONS ON THE REVERSE SIDE OF THIS FORM.

WHITE: BENNETT-HALL / YELLOW: CLIENT / PINK: EMPLOYEE