



16654 Soledad Canyon Rd. Suite 419 Canyon Country, CA 91387
 Phone: (888) 640-7111 Fax: (661) 309-9073

WEEKLY TIME SHEET

Employee Name (Print): _____ Facility Name: _____ Contract#: _____

	Date	Start Time	Meal Out	Meal In	Finish Time	Total Regular	Total OT	OT Approval *	Total Hours	Supervisor Signature *	Notes
Sun											
Mon											
Tue											
Wed											
Thu											
Fri											
Sat											
TOTAL HOURS											

***By signing my name under the Supervisor Signature column, I am an Authorized Representative of the above Facility and certifies that the employee worked the hours indicated satisfactory in accordance with the above numbered Contract.**

Employee Signature

Date

By my signature, I certify that the information appearing on this weekly timesheet is true and correct and has been approved by the facility that I worked for. I further certify that I have suffered no on-the-job injuries during this time period, or that I have reported any injuries to my facility supervisor and Mayday Staffing Solutions.

Submit your completed and signed timesheet to the R and I office by 10:00 AM on Monday following the week in which you worked to get paid the following Friday, which is pay day. If you do not turn in your timesheet to MSS by 10:00 am on Monday, we will not be able to issue you a check until the following pay day. You May fax your timesheet to MSS's Accounting Department at 661-309-9073, or drop it off in person. If you fax in your timesheet, you must also submit the original with your signature to MSS within a week.

For questions regarding meal periods and rest breaks, refer back to MSS Handbook