

**MUST BE IN BY MONDAY @ 10:00am**



DCO

1420 Spring Hill Road, Suite 130  
McLean, VA 22102  
703-442-7716 Fax

Week Ending: Saturdays Date: ____ / ____ / 20____ Month Day Year		Employee Name:						
		LAST Name		FIRST Name		MI		
<b>CLIENT Name:</b> This is where you work	<b>TOTAL</b>	<b>SUN</b>	<b>MON</b>	<b>TUE</b>	<b>WED</b>	<b>THURS</b>	<b>FRI</b>	<b>SAT</b>
<b>STRAIGHT TIME</b>								
<b>OVERTIME</b>								
<b>TOTAL</b>								

**When calculating hours, please round to the nearest quarter hour.**

Employee Signature: By signing this document I attest that all information is accurate and I have completed all required fields  X _____
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We understand that the services provided by Insight Global are contractual. Therefore, in consideration thereof, we agree that if the employee named herein is employed within 180 days from the last day worked, we will pay liquidated damages to Insight Global.

Thank you for using Insight Global.  
**RETAIN A COPY FOR YOUR RECORDS**

Customer Approval:  X _____
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**Required Fields:**  
Client Name, Week Ending Date, Name, Total Hours, Customer Approval

**REMINDER: DO NOT SUBMIT, UNLESS APPROVED BY CLIENT**

For additional time sheets visit:  
<http://www.insightglobal.net/careers-timesheet.html>