

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



# DEN

1720 S. Bellaire Street, Suite 700  
Denver, CO 8022  
Phone (303) 459-7144/ Fax (303) 759-0746

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**

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

Customer Approval:  X _____
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**REMINDER: DO NOT SUBMIT, UNLESS APPROVED BY CLIENT**

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