

HOU

MUST BE IN BY MONDAY @ 10:00am

10260 Westheimer Rd, Suite 340
Houston, TX 77042
713-278-1440 Fax



Week Ending: Saturdays Date:		Employee Name:						
____ / ____ / 20____								
Month	Day	Year	LAST Name		FIRST Name		MI	
CLIENT Name:	TOTAL	SUN	MON	TUE	WED	THURS	FRI	SAT
STRAIGHT TIME								
OVERTIME								
TOTAL								

Employee Signature: By signing this document I attest that all information is accurate and I have completed all required fields X _____

Customer Approval: X _____

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

REMINDER: DO NOT SUBMIT, UNLESS APPROVED BY CLIENT

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