

MUST BE IN BY MONDAY @ 10:00am



NNJ

4 Gatehall Dr, 3rd Floor
Parsippany, NJ 07054
973-267-5743 Fax

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

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 _____

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 _____

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>