

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



PHI

161 Washington St, Suite 1125  
Conshohocken, PA 19428  
Phone (610) 940-4403/ Fax (610) 940-4406

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>