

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



# SFR

160 Sprear Street Suite 1130  
San Francisco, CA 94105  
415-371-1527 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> Up to 8 hours/day								
<b>OVERTIME</b> Between 8-12 hours/day								
<b>DOUBLE TIME</b> Over 12 hours/day								
<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>