

MUST BE IN BY MONDAY @ 10:00am



SEA

600 108th Avenue, N.E.
Suite 1010
Bellevue, WA 98004
FAX: 425-450-7089

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_____
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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>