

MUST BE IN BY MONDAY @ 10:00am



ATL

4170 Ashford Dunwoody Rd., Suite 580
Atlanta, GA 30319
404-257-1004 Fax
404-257-1070 Alternate Fax

Week Ending: Saturdays Date: ____ / ____ / 20____ Month Day Year		Employee Name:						
		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>