



ACES STAFFING

5312 Jackwood San Antonio, TX 78238
Office: 210-521-1700 Fax: 210-521-1436

EMPLOYEE WEEKLY TIME SHEET

WEEK ENDING SUNDAY / /

EMPLOYEE NAME: _____

EMPLOYEE SS#: _____

NOTICE TO EMPLOYEE: Please fill in this time sheet completely.

Round the weekly total to the nearest quarter hour. Ask your supervisor to verify your hours and sign below. We must receive your timecard by 2:00pm Monday to process your payroll.

Day	In	Out	In	Out	Total Hrs.
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					
				Total Hrs	
				Total OT	

I CERTIFY THAT I HAVE WORKED THE HOURS ABOVE:

CLIENT

COMPANY: _____

The undersigned as agent for the Client Company named above agrees, acknowledges and certifies:

* The above employee is an employee of Aces Staffing and the hours listed above are correct and the work has been performed by this person satisfactorily.

* He/She is authorized to execute this document for and on behalf of the Client Company named above.

AUTHORIZED

SIGNATURE: _____

THANK YOU FOR CHOOSING ACES STAFFING