



EMPLOYEE NAME:

CLIENT:

WEEK ENDING:  
*(always Sunday)*

PH. # & EMAIL ADDRESS:

Day of Week:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total
<b>Date:</b>								
Reg. Hours Worked:								
OT Hours Worked:								
Hours Not Worked:								
<i>(Please check below reason not worked)</i>								
Sick								
Vacation								
Holiday								
Other								
Total Hours per Day								

Total Hours Worked for the week

Employee Signature: Date:  
*(required)*

Client Manager Signature: Date:  
*(required)*

**All time sheets are due on Mondays by 10:00 A.M.**  
**Please fax time sheets to (410) 729-1111**  
 Questions or Concerns please call 410-729-1100 or 877-OPALSTAFF  
**ALL TIMESHEETS MUST BE SIGNED BY BOTH**  
**THE EMPLOYEE AND MANAGER**