



EMPLOYEE NAME:

CLIENT:

WEEK ENDING:
(always Sunday)

PH. # & EMAIL ADDRESS:

Day of Week:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total
Date:								
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) 772-9201
 Questions or Concerns please call 410-772-9200 or 877-OPALSTAFF
ALL TIMESHEETS MUST BE SIGNED BY BOTH
THE EMPLOYEE AND MANAGER