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SOCIAL SECURITY NO. LAST NAME FIRST NAME MI WEEK ENDING (SAT.)

CUSTOMER NAME LOCATION POSITION

REGULAR HOURS						TOTAL HOURS			
	Date	Start	Lunch (out)	Lunch (in)	End	Reg. Hrs.	OT Hrs. *	*	TOTAL
Sunday									
Monday									
Tuesday									
Wednesday									
Thursday									
Friday									
Saturday									
					TOTALS				

Continuing Assignment? YES NO Final Date of Assignment _____ * All Overtime must be initialed by Supervisor.

Employee, Please Check One: ___ Mail Check ___ Hold Check for Pick-Up

Employee Signature Date Supervisor's Signature Date Phone Number

Please use the below chart when figuring fractions of hours

5 minutes = .08	20 minutes = .33	35 minutes = .58	50 minutes = .83
10 minutes = .17	25 minutes = .42	40 minutes = .67	55 minutes = .92
15 minutes = .25	30 minutes = .50	45 minutes = .75	

Supervisor Comments:

TIMESHEETS MUST BE FAXED BY 12:00 NOON EVERY MONDAY!! FAX 678-990-2638