



Weekly Time Sheet

Consultant: _____

Client: _____

Consultant phone: _____

Consultant e-mail: _____

Week Ending Date: _____

Day	Date	Project Code (if applicable)	Regular Hours	Overtime Hours
Sunday				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Total Weekly Billable Hours				

Consultant Signature: _____

Date: _____

***Contractor certifies that all hours are accurate to the best of their knowledge.**

Client Approval Signature: _____

Date: _____

***Client's signature indicates approval and satisfaction of hours and quality of work by the consultant.**

TIME SHEETS DUE EACH MONDAY PRIOR TO 10:00 AM

E-MAIL TIME SHEET TO: payroll@equitystaffing.com