

# TIMESHEET

Week Ending Date\*: \_\_\_\_\_

Client Company Name: \_\_\_\_\_

*\*Please type "no lunch" in the Meal Out and Meal In fields if you did not take a break*

SELECT DAYS WORKED	DAY	DATE	TIME IN	MEAL OUT	MEAL IN	TIME OUT	TOTAL HRS	REG	1.5 X	2.0 X	OTHER	MP/NP
<input type="checkbox"/>	MONDAY											
<input type="checkbox"/>	TUESDAY											
<input type="checkbox"/>	WEDNESDAY											
<input type="checkbox"/>	THURSDAY											
<input type="checkbox"/>	FRIDAY											
<input type="checkbox"/>	SATURDAY											
<input type="checkbox"/>	SUNDAY											
<b>TOTAL HOURS</b>												

**\*\* Time worked MUST be received by 10:00am EST each Monday. Ensure you give your manager enough lead time to submit your hours accordingly.**

EMPLOYEE NAME: \_\_\_\_\_

LAST 5 DIGITS OF SS#: \_\_\_\_\_

EMPLOYEE SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**NOTE:** *By signing this form, I agree that Knowledge Services may take deductions from my earnings to adjust previous overpayments, if and when said overpayments may occur, in accordance with State law.*

**If hours are worked on Saturday or Sunday, please submit no later than Monday 10am EST.  
Completed timesheet should be emailed to: [timesheets@knowledgeservices.com](mailto:timesheets@knowledgeservices.com)  
or faxed to: 855-364-4945.**