

CanStaff Employment Services LLC

5309 River Road North Phone: 503-856-9596
Keizer, Oregon 97303 Fax: 503-856-9608

TIME SHEET FOR WEEK OF: _____

EMPLOYEE NAME: _____ SSN (Last 4 Digits Only): _____

EMPLOYEE SIGNATURE: _____

DATE	DAY OF WEEK	START TIME	END TIME	LUNCH	TOTAL REG. HOURS	OVER-TIME HOURS	DO NOT WRITE IN THIS COLUMN
	SUN						POSITION TITLE
	MON						
	TUE						PAY RATE:
	WED						BILL RATE:
	THUR						PAY AMOUNT
	FRI						
	SAT						BILL AMOUNT
TOTAL HOURS WORKED							

Is this job assignment completed? _____ Yes _____ No

COMPANY NAME: _____ REPORT TO: _____

ADDRESS: _____ CITY: _____ ZIP: _____

SUPERVISOR SIGNATURE: _____

Note: By signing this client approval, you agree to be bound by the terms of the Temporary Placement Contract.

PLEASE MAIL YOUR TIMESHEETS BY SATURDAY OR FAX THEM TO CANSTAFF EMPLOYMENT SERVICES LLC (503-856-9608) NO LATER THAN 10:00 AM ON MONDAY MORNING. PAYROLL WILL BE MAILED OUT ON FRIDAY OF EACH WEEK.