

TIME SHEET (PRINT CLEARLY)



ID #:

Last: First:

PD From: PD To:

Location:

DAY	DATE	WORK PERFORMED	TIME IN	Break OUT	Break IN	TIME OUT	TOTAL HOURS
SAT							
SUN							
MON							
TUES							
WED							
THURS							
FRI							
Weekly Total							

SAT							
SUN							
MON							
TUES							
WED							
THURS							
FRI							
Weekly Total							

Bi-Week Total

**SHEETS MUST BE RECEIVED BY THE MONDAY FOLLOWING THE END OF THE BI-WEEKLY PERIOD
SHEETS RECEIVED LATE WILL RESULT IN DELAY OF PAYMENT, INCOMPLETE OR ILLEGIBLE SHEETS WILL NOT BE PROCESSED**

If you have any questions or issues with your time-sheet or paycheck, please contact the Kleen1 office at (305) 705-0537 or email damaris@kleen1.com
(Si usted tiene alguna pregunta o problema con su tiempo, horas o su cheque de pago, por favor póngase en contacto con la oficina Kleen1 al (305) 705-0537 o por correo electrónico damaris@kleen1.com)

I hereby represent that this time-sheet accurately reflects the actual hours I worked and that they are the only hours of work performed.
(Por la presente declaro que esta vez la ficha técnica refleja con exactitud las horas reales que trabajé y que son las únicas horas de trabajo realizadas.)

Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____