



ATTENTION

This form must be completed and approved by the employee supervisor and faxed by Monday afternoon at 5:00 pm. If we do not receive your timesheet before payroll is processed, your paycheck could be delayed until the following pay period.

email to: payroll@kudzumedical.com

Fax: 864-272-0436

WEEKLY TIMESHEET

EMPLOYEE NAME (PRINT)	ASSIGNMENT
EMPLOYEE ADDRESS	
EMPLOYEE SSN (LAST FOUR DIGITS)	
WEEK ENDING / /	

	DATES		TIME IN	LUNCH OUT	LUNCH IN	TIME OUT	Supervisor Signature	TOTAL HOURS WORKED		
	Month	Day						Hours	Minutes	
MON			:	:	:	:				
TUE			:	:	:	:				
WED			:	:	:	:				
THU			:	:	:	:				
FRI			:	:	:	:				
SAT			:	:	:	:				
SUN			:	:	:	:				
Total Hours Printed in Words							Total			

CLIENT APPROVAL

THE HOURS AS SHOWN ON THIS TIME SHEET ARE CORRECT. BY SIGNING THIS CLIENT APPROVAL, WE AGREE TO BE BOUND BY THE TERMS OF THE CONDITIONS OF THE CONTRACT FOR SERVICES.

COMPANY _____

BY _____

TITLE _____

KUDZU FIELD EMPLOYEE APPROVAL

I CERTIFY THAT THE DAYS AND HOURS SHOWN ON THIS TIME SHEET ARE CORRECT AND WERE WORKED BY ME.

EMPLOYEE NAME _____

EMPLOYEE SIGNATURE _____

DATE _____

NOTES: _____

