

# Staffing Support Solutions LLC



Contract Labor To Count On!

**OVERTIME CAN ONLY BE AUTHORIZED BY THE CLIENT!  
NO EXCEPTIONS!**

Week Ending: \_\_\_\_\_

Client	Last Name	First Name

Day	Date	Start Work Time	Meal Start	Meal End	End Work Time	Regular Worked	Overtime	Labor Category
<b>Monday</b>								
<b>Tues</b>								
<b>Wed</b>								
<b>Thurs</b>								
<b>Fri</b>								
<b>Sat</b>								
<b>Sun</b>								
<b>Total Hours</b>								

<p>_____</p> <p><b>Supervisor Signature</b></p>	<p>I declare that the hours depicted on this time record fully and accurately report all the time I worked during the designated payroll period, and that I was offered and received my required breaks and meal periods during this pay period.</p> <p style="text-align: center;">_____</p> <p style="text-align: center;"><b>Employee Signature</b></p>
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