



Toll Free: (800) 458-5114

TS #: _____

Phone: (215) 396-3317 Fax: (215)396-3318

OFFICE USE ONLY

Email: payroll@tqmworkforce.com Web: www.tqmworkforce.com

Customer: _____

Week Ending Date: _____
(Sunday's Date)

Employee : _____

*** ALL TIMESHEETS MUST BE IN THE OFFICE
BY 9:00 AM MONDAY***

OFFICE USE ONLY

	Date	START TIME	AM	PM	STOP TIME	AM	PM	Hours	Regular	Overtime
Monday										
Tuesday										
Wednesday										
Thursday										
Friday										
Saturday										
Sunday										

TOTAL

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Employee Signature

I attest that the hours submitted on this timesheet are true and correct. I understand that any falsification of hours submitted will be treated as theft and may be prosecuted and will result in disciplinary action up to and including termination of employment from TQM Workforce Solutions, Inc.

Customer Approval of Hours Worked