

Contract Labor Time Sheet



Name _____

Date _____

Address _____

Phone _____

City _____

Zip _____

Department _____

Description of Work _____

Day	Date	Time In	Time Out	Hours	Rate	Amount
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Mail Pick up

Total Amount Due _____

I agree that I shall be compensated for hours that are approved and worked on the dates agreed upon. I declare that all information on this form is true and accurate. I also agree that no other fees or expenses shall be paid unless agreed upon and approved in writing by Church In The Son administration. I understand that all taxes, Social Security contributions or payments, disability insurance, unemployment taxes, and other payroll type applicable taxes are solely my responsibility.
 I understand that I am not entitled to any benefits accorded to Church In The Son employees, including without limitation worker's compensation, disability insurance, vacation or sick pay. Church In The Son is not responsible for lost, destroyed, forgotten, or late time sheets.

Signature _____

Date _____

Supervisor Signature _____

Date _____

Checks will not be issued for any timesheet turned in without a supervisor's signature.