



Staffing Resources LLC

105 East Walnut Street, Kokomo, IN 46901
Main Office: (765) 868-2211

Employee Time Log

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Company Name _____
Client Signature _____
Print Client Name _____
Week Ending _____

A copy of this time log must be received/faxed by 12:00 p.m. the Monday following the work week.

Employee Name	Social Security #	Mon	Tues	Wed	Thur	Fri	Sat	Sun	TOTAL HOURS		
									Regular	Overtime	Total
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											
TOTALS											

This time log must be signed by an authorized representative of the client. Signature authorizes payment of hours. Client agrees to pay all fees associated with the collection of overdue monies due Staffing Resources LLC. Client may incur liquidated damage obligations if employee on this time log become a direct employee of client.