

Talent timesheet

Talent signature below represents that talent agrees to all terms and conditions on front and reverse sides



Last Name (print)	_____	First Name (print)	_____
Week end date (Sun)	_____	Branch Number	_____
Signature	_____	Date	_____

	MM/DD	Start Time	End Time	Meal break out	Meal break in	Regular Hours	Overtime hours	Total
Monday	_____	_____	_____	_____	_____	_____	_____	_____
Tuesday	_____	_____	_____	_____	_____	_____	_____	_____
Wednesday	_____	_____	_____	_____	_____	_____	_____	_____
Thursday	_____	_____	_____	_____	_____	_____	_____	_____
Friday	_____	_____	_____	_____	_____	_____	_____	_____
Saturday	_____	_____	_____	_____	_____	_____	_____	_____
Sunday	_____	_____	_____	_____	_____	_____	_____	_____
					TOTALS	_____	_____	_____

Company	_____	Department	_____
Authorized Signature	_____	Date	_____

Fax to:

Albany 518-869-8567; Johnstown 518-736-1893

Email to payroll@accustaffny.com

www.accustaffny.com