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Employee ID#: _____ Employee Phone #: _____

Client Company Name/Department: _____ Job # (if applicable): _____

Supervisor Name & Phone #: _____

Job Site Address: _____

| Employee Name: | | | | | Date Range Worked: | | |
|--------------------|------------|---------|-------|----|--------------------|--------------|----|
| Day of the Week | DATE | ARRIVAL | BREAK | | DEPARTURE | HOURS WORKED | |
| | (MM/DD/YY) | IN | OUT | IN | OUT | REG | OT |
| Monday | | | | | | | |
| Tuesday | | | | | | | |
| Wednesday | | | | | | | |
| Thursday | | | | | | | |
| Friday | | | | | | | |
| Saturday | | | | | | | |
| Sunday | | | | | | | |
| Total Hours | | | | | | | |

ALL TIMESHEETS ARE DUE TO UNIQUE BY 12PM ON MONDAY! IT IS THE EMPLOYEE'S RESPONSIBILITY TO SUBMIT THEIR TIMESHEET, NOT THE CLIENTS. IF THE CLIENT SUBMITS AN EMPLOYEE'S TIMESHEET FOR THEM, IT IS STILL THE EMPLOYEE'S RESPONSIBILITY TO CONFIRM UNIQUE RECEIVED IT. INCOMPLETE TIMESHEETS WILL NOT BE ACCEPTED! TIMESHEETS WITH SCRATCH OUTS OR WHITE OUT WILL NOT BE ACCEPTED! TIMESHEETS SUBMITTED PAST OUR DEADLINE WILL BE PAID THE FOLLOWING WEEK ON OUR NORMAL PAYDAY. TIMESHEETS MUST BE SIGNED AND APPROVED BY YOUR SUPERVISOR BEFORE SUBMITTING TO UNIQUE.

Employee: I understand that this timesheet is the record that I was on assignment and worked the hours shown above. I hereby certify that the hours stated above were worked by me during the week designated and were certified by an authorized representative of Unique's Client. I understand it is my responsibility to provide Unique a complete and accurate timesheet for payment. I understand that I am to call Unique within two business days of completing assignment to discuss new job assignments. If I do not, then I may lose my right to collect unemployment benefits.

Employee Name: _____

Employee Signature: _____

Date: _____

Client: It is hereby agreed that the hours stated are correct, and the work was performed satisfactorily. Hours in excess of 40 per week will be billed automatically at time and one half. Supervisor approval indicates acceptance of Terms and Conditions herein.

Supervisor Name: _____

Supervisor Signature: _____

Date: _____