



114 Locust Street  
Dover, NH 03820

## Time Sheet

**SUBMIT TIMESHEET ON OR BEFORE MONDAY AT 10:00AM**

EMAIL- dovertimecards@leddygroup.com

FAX NUMBER – 1-866-264-0551

TEXT NUMBER – 1-806-464-0346


For Week Ending (Saturday)

Month Day Year

Field Employee

Client Company

Job Site Location / Dept

DAY	START TIME	OUT	IN	FINISH TIME	TOTAL HOURS
SUNDAY					
MONDAY					
TUESDAY					
WEDNESDAY					
THURSDAY					
FRIDAY					
SATURDAY					
	WEEKLY		REGULAR HOURS		
	TOTALS		OVERTIME HOURS		
	TOTAL HOURS FOR WEEK				

**ANY CHANGES/REVISIONS/CROSSOUTS TO THIS TIMECARD ARE REQUIRED TO BE INITIALED BY BOTH PARTIES.**

It is hereby certified that the hours listed above are correct and that the work was performed in a satisfactory manner.

Field Employee Signature

IS YOUR ASSIGNMENT COMPLETED? \_\_\_\_\_ NO \_\_\_\_\_ YES If yes, date completed \_\_\_\_\_

It is hereby certified that the hours listed above are correct and that the work was performed in a satisfactory manner. I understand that if my company hires a Leddy Group applicant within one hundred eighty (180) days after completion of a supplemental assignment, a full placement fee is required from my company. The above is applicable if an applicant is hired by another department or location of the company.

Client/Company Representative Signature

For payroll questions, contact the email above, (603) 749-4504 x732, or your local contact.