



## Time Sheet

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

EMAIL- [timecards@leddygroup.com](mailto:timecards@leddygroup.com)

FAX NUMBER – 1-866-295-6767

TEXT NUMBER – 1-806-464-0345

For Week Ending (Saturday)

	Month	Day	Year
Field Employee			

Client Company

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Job Site Location / Dept

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DAY	START TIME	OUT	IN	FINISH TIME	TOTAL HOURS
SUNDAY					
MONDAY					
TUESDAY					
WEDNESDAY					
THURSDAY					
FRIDAY					
SATURDAY					
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;">           CONTACT US ABOUT DIRECT DEPOSIT         </div>		WEEKLY TOTALS	REGULAR HOURS		
			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 or your local contact.