



EMPLOYEE TIME SHEET

FAX: (206) 775-8881 E-Mail: payroll@sunlightstaffing.com

COMPLETED TIME SHEETS MUST BE RECEIVED BY 1:00PM ON MONDAY.

Employee Name:

FIRST M.I. LAST

Community Name: _____

Street Address: _____

Supervisor Name: _____

	Date	Time In	Lunch Begin	Lunch End	Time Out	Total
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						

Week Total Hours: _____

By signing, you are authorizing Sunlight Staffing to pay this employee in correspondence with the hours stated on this time sheet, invoice your company, and receive payment within 30 days of receipt of invoice.

Additionally, your signature acknowledges that the individual named above is an employee of Sunlight Staffing LLC. Any offers of employment extended to the above individual with your company are subject to a liquidation fee up to 18% of annual salary. This applies to any individual referred by Sunlight Staffing and hired by your organization within one (1) calendar year of the last day worked. This includes employees referred by Sunlight Staffing working at your company through another staffing service due to your referral.

Sunlight Staffing is entitled to recover all costs incurred as a result of collection efforts, including but not limited to, legal fees and penalties as permitted by law.

SIGNATURE OF AUTHORIZED CUSTOMER _____

SIGNATURE OF EMPLOYEE _____