

# creativeplacement

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# TIME SHEET

Enter Friday's Date

## Client Information

Company: \_\_\_\_\_ Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

## Freelancer Information

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

	MON	TUE	WED	THUR	FRI	SAT	SUN
Time In							
Lunch							
Time In							
Time Out							
Daily Hours							

Returning Next Week?  Yes  No

Total Hours  
For The Week

Supervisors Signature: \_\_\_\_\_ Print Supervisors Name: \_\_\_\_\_

Fax or email (kheine@creativeplacement.com)  
your timesheet at the end of the work week.  
Retain a copy for your records.

Fax: 800.521.4616