

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