

IES Verification:

INNOVATIVE EMPLOYMENT SOLUTIONS
Individual Employee/Weekly Time Record

Work Location/Client Name : _____

| Employee Name _____ | | | | | Week Beginning: ____/____/____ |
|--|---------|-----------|----------|----------|--------------------------------|
| Day & Date | Time In | Lunch Out | Lunch In | Time Out | Total Hours |
| Monday | | | | | |
| Tuesday | | | | | |
| Wednesday | | | | | |
| Thursday | | | | | |
| Friday | | | | | |
| Saturday | | | | | |
| Sunday | | | | | |
| Total for Week of ____/____/____ | | | | | |
| Employee Signature | | | | | |
| Signature/Verification of Site Supervisor: | | | | | |

All Time Sheets due by Monday 10:00 a.m. – Fax to 830-591-1984 or secondary fax – 512-301-7194

www.innovativeemploymentsolutions.com