

**ALTERNATIVE STAFFING INC.**

1505 Remount Road, Suite A  
 N. Charleston, SC 29406  
 Phone: 843.744.6040  
 Fax: 843.744.3020

**GROUP TIME SHEET**

PR BR WCC CODE WEEK ENDING DATE

CLIENT NUMBER

CLIENT NAME

JOB SITE ADDRESS

PO / CONTRACT #

GROSS OUT DAYS NOT WORKED  
 ENTER ACTUAL HOURS WORKED

4 HOURS MINIMUM PER EMPLOYEE PER DAY

	EMPLOYEE NAME	EMPLOYEE SOCIAL SECURITY NO.	HOURS THIS WEEK									
			MON	TUE	WED	THU	FRI	SAT	SUN			
1									REG	OT	BR	PR
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												
16												

CLIENT'S SIGNATURE

DATE

TIME CARD NUMBER

**X**

**No:**

CLIENT: YOUR SIGNATURE HEREON REPRESENTS THAT YOU ARE IN AGREEMENT WITH ALL THE TERMS AND CONDITIONS ON FRONT AND REVERSE SIDES  
 HEREOF AND THAT THE HOURS SHOWN ARE CORRECT AND THE WORK PERFORMED WAS SATISFACTORILY COMPLETED