

**Snelling Staffing**

3700 N. Prince, Suite C

Clovis, NM 88101

P: 575-762-4246 F: 575-762-4628

**TIME SHEET****Employee Name:****Work Week Ending: Saturday****Employee Number:****Client Company: SWC****Department:****Supervisor:**

Date:	Start Time	Clock out for Lunch	Clock in from Lunch	End Time	Total
Sun					
Mon					
Tues					
Wed					
Thur					
Fri					
Sat					
<b>Weekly Total:</b>					

**EMPLOYEE STATEMENT:** I acknowledge that I am an employee of Snelling Staffing, LLC and I am not an employee of the client company. I acknowledge that the end of this assignment is not a termination of my employment with Snelling. When this assignment ends, I agree to contact Snelling immediately for further assignments, and I understand that if I fail to contact Snelling, I may be considered to have left work voluntarily without cause and unemployment benefits may be denied. I further agree that I will not accept any employment duties with the client or service the client through another personnel agency for a period of 180 days after this assignment ends without Snelling's written consent. I hereby certify that I have sustained no injury on this assignment and the days and hours I have indicated are true and correct. I certify that I have been provided all breaks to which I am entitled by law.

**Employee Signature:****Date:**

**CLIENT STATEMENT:** I hereby certify the hours I have indicated above are accurate and that Snelling's field employee is entitled to be paid accordingly. If there is a difference between total hours indicated for each timecard and total hours indicated by day, the hours by day shall be controlling. I acknowledge and agree that these services were performed in accordance with the terms and conditions set for the on this timesheet. I hereby acknowledge the emailing of this timesheet shall constitute my electronic signature. I certify that the employee was given all breaks required by law.

**Client Signature:****Date:**