



3638 Main St.
(203) 375-1953

Stratford, CT 06614
Fax (203) 375-1310

CLIENT: _____

EMPLOYEE: _____

HOURS		
DATE	REGULAR	PREMIUM
SUN.		
MON.		
TUES.		
WED.		
THURS.		
FRI.		
SAT.		
TOTAL HOURS		
..... EMPLOYEE SIGNATURE		

WEEK ENDING _____

EMPLOYEE INSTRUCTIONS:

1. FILL OUT TIME SHEET IN INK PRESS FIRMLY.
2. TIME SLIP MUST BE SIGNED BY YOU & YOUR SUPERVISOR.
3. KEEP LAST COPY, GIVE PINK COPY TO SUPERVISOR, RETURN WHITE & YELLOW COPIES TO REYNOLDS TECHNICAL SERVICES INC.
4. ALTERED TIME SLIPS WILL NOT BE ACCEPTED.

CLIENT APPROVAL

TERMS AND CONDITIONS ON REVERSE SIDE

.....
CLIENT SIGNATURE

.....
DATE