

Temp Employee: _____

Company Name: _____



For OSS use only
 T/S: _____
 INV: _____

Email: manager@okanaganstaffing.com

Fax: (250) 862-5181

Position: _____

Timesheets due 4:30 p.m. Friday or 10:00 a.m.
Monday (if working weekends) of pay week.

Week 1	Date	In	Out	Total	Less Lunch	Total Regular Hours Worked	Overtime- Must Have Prior Approval
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Sunday							
					Week 1 Total		
Week 2	Date	In	Out	Total	Less Lunch	Total Hours Worked	Overtime- Must Have Prior Approval
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Sunday							
NAME OF ON-SITE SUPERVISOR:					Week 2 Total		
SIGNATURE OF ON-SITE SUPERVISOR:					Week 1 & 2 Totals		