



Solutions®

Technology Staffing Specialists

TIME REPORT

WEEK ENDING DATE (SUNDAY) / /

CLIENT INFORMATION		
CLIENT'S NAME (Print)		
REPORT TO		
ADDRESS		
CITY CODE	STATE	ZIP
KCM		
CONTRACTOR'S NAME (Print)		
I CERTIFY THAT THE DAYS SHOWN ON THIS TIME RECORD ARE CORRECT AND WERE WORKED BY ME AND THAT NO INJURIES WERE SUFFERED		
CONTRACTOR'S SIGNATURE		
CIRCLE ONE:		
MAIL MY CHECK	HOLD MY CHECK	

Time worked for one week only. Start with Monday and end on Sunday at midnight. Enter time to nearest quarter hour (.00, .25, .50, .75) only. Remember to deduct lunch, breaks, etc. Only record actual hours worked.

DAY	DATE	Hours to nearest quarter hour					
		START	END	LESS LUNCH	REG HOURS	O.T. HOURS	D.T. HOURS
MON							
TUES							
WED							
THUR							
FRI							
SAT							
SUN							

▶	HRS	MIN	HRS	MIN	HRS	MIN
	REGULAR		OVERTIME		DOUBLE TIME	

Please write total hours in words to the nearest quarter hour above.

-CLIENT APPROVAL-	
SIGNATURE INDICATES APPROVAL OF BOTH TIME AND PAYMENT FOR THIS TIME AT THE AGREED RATES.	
COMPANY _____	DATE _____
CLIENT SIGNATURE _____	TITLE _____
KCM enjoys the opportunity to be of service to your organization. Please review, sign, and return to KCM staff as soon as possible. Please retain copy for your files. By execution of this form, you verify that: hours shown are correct, work was done satisfactorily.	

Fax: (925) 884-2185