

420 O'Connor Street, Suite 1400, Ottawa, ON K2P 1W4
 TEL: (613) 567 - 8886



PERSONNEL CONSULTANTS

www.dynamicpersonnel.com

Submit your timesheet via:

Email: invoicing@dynamicpersonnel.com

(cc timesheet@dynamicpersonnel.com)

OR

FAX: (613) 567 - 8822

7cbhUWcf Weekly Timesheet

TIMESHEETS ARE DUE BY FRIDAY AT 5:00PM AND MUST BE SIGNED BY THE SIGNING AUTHORITY.

ALL FIELDS MUST BE FILLED OUT IN ORDER TO RECEIVE PROMPT PAYMENT.

OMISSIONS ARE UNACCEPTABLE.

TIMESHEETS ARE CANDIDATES' RESPONSIBILITY.

CONTRACTOR NAME:

DEPARTMENT:

WORK ADDRESS:

WORK PHONE #: ()

CONTRACTOR SIGNATURE: x _____

CONTRACTOR CERTIFICATION: BY SIGNING THIS TIMESHEET, I HEREBY CERTIFY THAT I HAVE WORKED ALL THE HOURS REPORTED ON THIS TIMESHEET AND THOSE HOURS HAVE BEEN WORKED IN ACCORDANCE WITH MY MOST CURRENT PLACEMENT CONTRACT. ANY OVERTIME WORKED WAS APPROVED BY THE CLIENT PRIOR TO BEING WORKED AND WRITTEN APPROVAL WAS SENT TO DYNAMIC PERSONNEL CONSULTANTS.

TIMESHEET FOR THE WEEK OF: (dd/mm/yy) **SUNDAY**

FROM: TO:

	DATE	TIME IN	LUNCH	TIME OUT	DAILY HOURS
MONDAY					
TUESDAY					
WEDNESDAY					
THURSDAY					
FRIDAY					
SATURDAY					
SUNDAY					
				TOTAL HOURS	

STATS: indicate "STAT" in the respective row and 0 for the total for that day. STAT pay is calculated for eligible candidates by Dynamic Personnel.

MISSED WORK DUE TO ILLNESS: indicate "SICK" in the respective row and 0 as the total for that day.

CHANGES: must be initialed by the signing authority.

HOURS MUST BE REPORTED IN THESE INCREMENTS:
 15 MINS = 0.25 HOURS
 30 MINS = 0.50 HOURS
 45 MINS = 0.75 HOURS
 60 MINS = 1.00 HOURS

x _____
 SIGNING AUTHORITY APPROVAL SIGNATURE DATE (dd/mm/yy)

NAME OF SIGNING AUTHORITY (PLEASE PRINT CLEARLY)

()
 SIGNING AUTHORITY PHONE NUMBER