

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](mailto: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
<b>MONDAY</b>					
<b>TUESDAY</b>					
<b>WEDNESDAY</b>					
<b>THURSDAY</b>					
<b>FRIDAY</b>					
<b>SATURDAY</b>					
<b>SUNDAY</b>					
				<b>TOTAL HOURS</b>	

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