| Ο, | | | | ГІМЕ S | HEET | |
|---------------------------------------------|---------------|----------------|------------|-----------------------------------------------------------|---------------------------------------------------------|---|
| and/or H | | | | | | |
| 902 Steen Road Bridgeville, PA 15017 / / / | | | | | | |
| Ph: 412-221-4541 | | | | Week Endir | ng Date: (Sun) | - |
| Employ | yee Name: | | | | |] |
| Work/C | Client Site: | | | | | |
| | Start Time | End Time | Break | TOTAL | TOTAL Overtime | - |
| MON | Time | Time | DIEdk | Regular | Overtime | - |
| TUE | | | | | | - |
| WED | | | | | | - |
| THU | | | | | | |
| FRI | | | | | | |
| SAT | | | | | | |
| SUN | | | | | | |
| | | T | OTALS | | | 1 |
| email to: k | davison@alt-s | taff.com every | Monday for | et by Fax to: 412 r previous week ot be paid in the | 2-221-2193 or worked. All time current pay cycle. | _ |
| | | | | | | |
| Employe | ee Signature | | 7 | Approved By | | _ |