



MULTIPLE TIME REPORT

I agree the hours worked to be accurate and confirm that I have read and accept the Terms and Conditions that were given to me prior to the start of this assignment

Page _____ of _____

Customer's Signature _____ Title _____

Company Name _____ Div. or Dept _____

W/E SUNDAY

NAME IN FULL		MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		SATURDAY		SUNDAY		OFFICE USE ONLY			
		HRS.	MIN.	TOTAL	HRS.	MIN.	TOTAL	HRS.	MIN.	TOTAL	HRS.	MIN.	TOTAL	HRS.	MIN.	TOTAL	STD	HPAY	OTHER
	IN																		RATE 1
	Lunch Out																		RATE 2
	Lunch In																		TOTAL HOURS
	OUT																		
	IN																		RATE 1
	Lunch Out																		RATE 2
	Lunch In																		TOTAL HOURS
	OUT																		
	IN																		RATE 1
	Lunch Out																		RATE 2
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	IN																		RATE 1
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	IN																		RATE 1
	Lunch Out																		RATE 2
	Lunch In																		TOTAL HOURS
	OUT																		