

The Custom Group of Companies
 228 East 45th Street – 12th Floor
 New York, NY 10017
 T: 212.818.0300 | F: 212.867.0465



WEB SERVICES

Freelancer's Timesheet

- Custom Staffing
- Custom Healthcare
- Custom Legal Solutions

Employee Name: _____

Company Name: _____

Job Title: _____

Week Ending Sunday _____ / _____ / _____

DATE	DAY SHIFT (M-F)				EVENING SHIFT (M-F)				MIDNIGHT SHIFT (M-F)/WEEKENDS				
	IN	OUT	Lunch	Total	IN	OUT	Lunch	Total	IN	OUT	Lunch	Total	
Mon													
Tue													
Wed													
Thurs													
Fri													
Sat													
Sun													
Please use ballpoint pen. Minimum assignment 4 hours				Total Hours					Total Hours				

Grand Total	
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I certify that the above hours are correct.
 (Client Authorized Signature): _____

I M P O R T A N T I N S T R U C T I O N S F O R T E M P S

Our pay period runs from Monday through Sunday. Work records **MUST** be submitted by five o'clock (5:00pm) of Monday following the end of the week worked. You can either fax it to [212.297.0226](tel:212.297.0226), email it to _payroll@customstaffing.com, or drop it off in the office located at the [address above](#)

BE SURE TO LEAVE A COPY OF THIS TIMESHEET WITH THE CLIENT FOR THEIR RECORDS