

## Team EG Timesheet

*It is your responsibility to accurately complete your timesheet and submit it to your local EG recruitment team. Customers: please verify hours before signing.*

**Week ending date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### IMPORTANT INSTRUCTIONS

1. Print 2 copies and complete form for customer to approve and sign.
2. Give a copy of the *approved* timesheet to the customer.
3. Scan and email *approved* timesheet to timesheet@eg-us.com or fax *approved* timesheet to 269.719.8844 or drop off *approved* timesheet at your local office by Monday, 5pm.

**Employee Name:** \_\_\_\_\_

**Customer Name:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_

	DATE mm/dd/yyyy	START Time	OUT Lunch	IN Lunch	FINISH Time	REG. Hours	O.T. Hours
MON							
TUE							
WED							
THU							
FRI							
SAT							
SUN							
<b>Total hours for the week to the nearest 1/4 hour:</b>							

### Customer Approval

I certify the above hours to be correct and authorize the invoicing of same.

**Customer Name:** \_\_\_\_\_

**Customer Title:** \_\_\_\_\_

### Employee Verification

I certify the above hours to be correct and that no accident or injury was sustained while working on assignment during the above work week other than already reported to EG.

**Employee Name:** \_\_\_\_\_

**Last 4 digits of SSN:** \_\_\_\_ x \_\_\_\_ x \_\_\_\_ x - \_\_\_\_ x \_\_\_\_ x - \_\_\_\_\_