



LEGAL SEARCH CONSULTANTS

TIMESHEET

Your timesheet must be faxed to Jamie Shield at 804-955-4444, or e-mailed every Monday morning for payroll processing purposes.

Employee Name: (print) _____ **Client Name:** (print) _____

For the week beginning _____ **and the week ending** _____.

Day	Date	Hours Worked	Less Time Taken for Lunch	Overtime Hours (If Applicable)	Total Hours
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					
		Weekly Totals:			
		<i>Please total your hours!</i>			

I certify the hours shown on this timesheet are correct and that I fully performed the required services. I have read and understand the policies set forth in the Employee Handbook, including the firm's policies, and agree and adhere to these policies.

Employee Signature: _____ **Date:** _____

Client Approval:

We certify that the temporary employee assigned by this agreement has worked under our direct supervision, that the hours indicated are correct, and that the work performed was satisfactory.

We certify that we have the PartnerJD, LLC Temporary Services Agreement's terms and conditions and we agree and adhere to them.

Supervisor/Client Signature: _____ **Date:** _____