

# Time Sheet



**phone** (518) 280-8932  
**fax** (866) 811-3374  
**address** P.O. Box 12593  
 Albany, NY 12212

Fax completed timesheets to Breathe Easy Staffing Solutions, LLC fax (866) 811-3374.

## Employee Information

Full Name \_\_\_\_\_ Title \_\_\_\_\_  
Last First M.I.

Address \_\_\_\_\_  
Street Address Apartment/Unit #

\_\_\_\_\_  
City State ZIP Code

Social Security Number \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Employee Hourly Rate \_\_\_\_\_

Office Name \_\_\_\_\_

## Time Sheet

Date	Start Time	End Time	Lunch	Total Hours
<b>Weekly Totals:</b>				

Please photocopy this form for all parties involved and fax or e-mail the completed time sheet to Breathe Easy Staffing Solutions.

By signing this form the employee and employer agree to the total number of hours worked by the employee. Breathe Easy Staffing Solutions will be due the total number of hours worked by the employee multiplied by \$6.50. This fee is due at the end of each week the employee is at your office. All fees over 30 days past due will be subject to a 3% finance charge per month.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

**Thank you for using Breathe Easy Staffing Solutions.**