



Office: (541) 312-5849 Fax: (541) 312-0077
payroll@pacestaffing.net

Time Sheet

Employee Name: _____

Client Facility: _____

DATE	WEEKDAY	SUPERVISOR SIGNATURE	TIME IN	LUNCH	TIME OUT	TOTAL HOURS	NOTES
	Sunday						
	Monday						
	Tuesday						
	Wednesday						
	Thursday						
	Friday						
	Saturday						

I certify no accident or injury was sustained while working on assignment unless so noted in the notes section. I hereby certify that the information stated above is accurate to the best of my knowledge. I understand that any falsification of the information above may result in disciplinary action and maybe cause for termination.

Signature: _____

Date: _____

Mileage Request

Time and Mileage Sheets are due each Sunday by 8 a.m. Forms should be emailed to payroll@pacestaffing.net

DATE	BEGINNING	ENDING	MILES TRAVELED	FROM	TO	PURPOSE OF TRIP
		Total Miles				