



City of Little Rock Human Resources Department
 500 West Markham, Suite 130W, LR, AR 72201-1428
 501-371-4590
 FAX 501-371-4496

CLR TempStaff – 371-4590

Employee _____

WEEKLY TIMESHEET FOR WEEK ENDING _____

Please Print Clearly Using Black or Blue Pen

Sections below to be completed by Employee						Sections below to be completed by Employee's Supervisor		
DAY	DATE	TIME IN	TIME OUT	TIME USED FOR LUNCH	TOTAL HOURS WORKED	BILLING CODE	SUPERVISOR SIGNATURE	DATE
SAT								
SUN								
MON								
TUE								
WED								
THUR								
FRI								

By signing this form I certify that the hours shown were worked by me during the pay period indicated. **I understand that this time sheet must be delivered or faxed to the Human Resources Department by 3:00 p.m. on EACH THURSDAY.** I understand that I should contact CLR TempStaff after completing this assignment. Failure to complete time accurately may result in delay of pay.

Employee Signature _____

Date _____

SUPERVISOR: Your signature confirms the actual hours this employee worked Saturday through Thursday and the anticipated scheduled hours to work for Friday. If actual hours worked are different please notify via email or fax as soon as possible or before Monday at 10:00 am. Call Jeannie at 918-5281 if you have questions regarding timesheets.

Human Resources Department Use Only

Hours worked	(22)	Paid Holiday (work)	(20)
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