



Weekly Time Report

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| WEEK ENDED (FRIDAY) |
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| LAST NAME, FIRST NAME, MIDDLE INITIAL |
| |

| CLIENT ID / OVERHEAD | TYPE | SAT | SUN | MON | TUE | WED | THU | FRI | TOTAL |
|----------------------|------|-----|-----|-----|-----|-----|-----|-----|-------|
| | R/T | | | | | | | | |
| | O/T | | | | | | | | |
| | R/T | | | | | | | | |
| | O/T | | | | | | | | |
| | R/T | | | | | | | | |
| | O/T | | | | | | | | |
| | R/T | | | | | | | | |
| | O/T | | | | | | | | |
| TOTAL HOURS | | | | | | | | | |

| NON-BILLABLE OVERHEAD CODES | |
|-----------------------------|------------------------|
| 11110 Consultant Training | 11120 Client Interview |
| 11130 Recruiting Interview | 11140 Holiday |
| 11150 Vacation | 11160 Illness |
| 11170 Awaiting Asssignment | 11180 Unpaid Time |

TO OUR CLIENT:
 Thank you for providing us the opportunity to serve you.
 Your approval of the hours ensures correct billing.

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Employee Signature

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Client Approval Signature