



City of Waco

Temporary Labor Pool Time Sheet

Employee Name _____

Social Security Number _____

Payroll Account to Charge _____

Department _____

Supervisor _____

(Printed Name)

(Phone Number)

Day	Date	Hours Worked
Sunday		
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Total Hours Worked:		

We (employee and supervisor) certify that the days and hours worked as shown above are true and correct. We also certify that the "Payroll Account to Charge" is accurate for the hours reported for this period.

Employee's Signature _____ Date _____

Approved By _____ Date _____

Please fax to Human Resources at 750-5737 as soon as the assignment ends, but no later than noon on the last Friday of the pay period. If the employee works Saturday, or if there are any changes, fax the corrections no later than 8:00 a.m. Monday.

***TIMECARD IS DUE TO HUMAN RESOURCES BY CLOSE OF BUSINESS
THE FRIDAY BEFORE PAY WEEK. FAILURE TO TURN IN TIMECARD
MAY RESULT IN DELAY IN EMPLOYEE GETTING PAID.**