

INTEGRITY TECHNICAL SOLUTIONS, INC.



Employee Name: _____ (Please PRINT clearly)

Client Name: _____

Sunday Week Ending Date:

Project Code	Description	Hours Worked							Total Weekly Hours	Week Ending Breakdown			
		Mon	Tue	Wed	Thur	Fri	Sat	Sun & Hol		Reg	OT	DT n/a	Travel & PTO
									-	-	-	-	
									-	-	-	-	
									-	-	-	-	
									-	-	-	-	
									-	-	-	-	
									-	-	-	-	
									-	-	-	-	
									-	-	-	-	
									-	-	-	-	
									-	-	-	-	
ENTER ALL TRAVEL HOURS BELOW													
									-				-
									-				-
									-				-
ENTER ALL PTO HOURS BELOW (note: vacation requests req'd for all time off)													
									-				-
									-				-
Total Hours		-	-	-	-	-	-	-	-	-	-	-	-

approved timesheets due by 9 a.m. every Tuesday

Employee Signature: _____

Date Submitted for Approval: _____

Approver Signature: _____