

**Phone:** 617-886-0700

**Fax:** 617-886-0715

**Email:** timesheets@cmaccess.com

Employee Name: \_\_\_\_\_

Last 4 Digits SS#: \_\_\_\_\_

Employee Signature: \_\_\_\_\_

Week Ending: \_\_\_\_\_

I certify that I have worked the hours listed on this time report.

Timesheet should be submitted to CM Access by Tuesday morning at 10 a.m. It must contain all the hours worked, less lunch and be signed by your supervisor.

CLIENT NAME / JOB TITLE	JOB / PO NUMBER	HOURS	M	T	W	TH	F	SA	SU	TOTAL
		ST								
		OT								
		ST								
		OT								
		ST								
		OT								
		ST								
		OT								
		ST								
		OT								
		TOTALS								

**Client Authorization:** I certify that the above hours are actually worked by the CM Access employee and accept the customer agreement described below. Client will confirm total hours on the line next to the date.

Date: \_\_\_\_\_

Total Hours Above: ST: \_\_\_\_\_ OT: \_\_\_\_\_

Authorizing Signature: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

To Our Customer:

- Confirm the hours entered on this timecard by our employee by signing your name and title.
- Save a copy of this timecard to match to our invoice.

Terms of Our Service:

- An invoice is rendered weekly based on the hours worked as shown on this timecard.
- Our indemnity agreement and other terms and conditions are contained on our invoice. A copy is available at our Branch Office upon request.
- The services we provide are made possible only through the expenditure of substantial sums for advertising, testing and training of our personnel. Therefore, if you hire our employee who performed the services shown on this timecard within six months from the date on this card, you agree to pay us as liquidated damages a fee determined in accordance with our permanent placement fee schedule or as previously agreed upon in writing between the customer and CM Access.