



Please Fax Timesheet to **1-888-839-9076**  
 400 N Schmidt Rd  
 Suite 204  
 Bolingbrook, IL 60440

Employee Name \_\_\_\_\_ S.S. # \_\_\_\_\_  
 Customer Name \_\_\_\_\_ Supervisor \_\_\_\_\_  
 Location Address \_\_\_\_\_

	Date	Time- IN	Lunch-In	Lunch-Out	Time-Out	Reg Hours	O.T. Hours	Supervisor
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								
Saturday								
Sunday								

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

Regular Hours _____
Over Time Hours _____

Authorized Representative  
 Approval Signature \_\_\_\_\_

Signature approval by the company's representative certifies that the above hours are correct and that the work performed by the employee was satisfactory. If permanent employment is desired, notification must be given to Triune Logistics in accordance with the agreement to offer Temp-To-Perm Employment.

**Special Conditions** The company to which an employee is assigned, assumes full responsibility for all supervision, and liability relating to the premises and use of equipment, including but not limited to motor vehicle insurance.

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

I hereby certify that the above hours are correct and that I was not involved with any work related accidents during this pay period.

**Thank you for choosing Triune Logistics!!!**