SONJA COTTON
& ASSOCIATES

Employee Weekly Time Report

Please Fax Time Report to 602-532-7240

Client:_____

Employee's Name: _____ **Week Beginning:** __ __/__ __/__ __

Date:	Time In	Lunch Out	Lunch In	Time Out	Total Hours

Week Ending: __ __/__ __/__ __ **TOTAL HOURS:**

Employee Signature:

Client Signature :

☐ Check box if this is your last time report for this assignment

Time Reports are due by noon Tuesday following the week ending date. Late time reports may not be paid the until the following payday.

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