



GCS Hospitality Time-Sheet

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PLEASE COMPLETE AND RETURN THIS TIMESHEET NO LATER THAN 11:00 A.M. THE FOLLOWING MONDAY SIGNED BY THE CLIENT'S REPRESENTATIVE.

DETAILS

Employee Name: _____ Job Title: _____

Address: _____ Week End: _____

HOURS

| CLIENT NAME | | | | | | | |
|-------------|---------|----------|-------|-------------|-------------------|----------------------|----------------|
| DATE | TIME IN | TIME OUT | BREAK | TOTAL HOURS | EMPLOYEE INITIALS | SUPERVISOR SIGNATURE | NOTES/COMMENTS |
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CLIENT AUTHORISATION

I hereby certify that the hours shown were worked by me during the week ending shown above, and were properly certified by an authorized representative of the company named above. Employee certifies no accident or injury was sustained while working on the assignment unless so noted in the comments section above.

Important for Employee: You will be paid on a weekly basis. To ensure that you receive your cheque when expected, properly complete your time sheet and return it NO LATER THAN MONDAY AT 11:00 AM. You can send a fax copy of your time sheet as long as it has the appropriate client signature.

Employee Signature: _____ Date: _____

Important for Client: Execution of this form by the client constitutes a certification that the TOTAL hours listed are correct as stated, that the work was performed in a satisfactory manner and agreement by the Client to the Terms and Conditions printed in the contract.

Client and Employee: Any time turned in after 11:00 A.M. on Monday will have a one week delay for the cheque. Timesheets without client signatures will be returned to the employee and will hold up employee pay cheque until signed.