

**SCAN** to [timesheet@prgir.com](mailto:timesheet@prgir.com) **OR FAX** to [949-587-5940](tel:949-587-5940) (No Cover Needed)

Week Ending Date: \_\_\_\_\_ Employee Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

**ON TOTAL HOURS, ROUND TO NEAREST 1/4 HOUR: 15 MIN. = .25 - 30 MIN. = .50 - 45 MIN. = .75**

	Date Worked	Time In	Lunch Out	Lunch In	Time Out	REG Regular Hours	OT Overtime Hours	Paid Sick Time Hours
<b>Mon</b>								
<b>Tues</b>								
<b>Wed</b>								
<b>Thurs</b>								
<b>Fri</b>								
<b>Sat</b>								
<b>Sun</b>								
<b>TOTAL:</b>								
<b>*OVERTIME AUTHORIZED BY:</b>								

**Time sheets must be faxed by 12:00 p.m. Monday.** Time sheets received after this time will be placed on the payroll for the following week. No checks can be issued from a time sheet without the proper signature from the employee and an authorized client representative.

**\*All overtime must be pre-approved by an authorized client representative and your PRG Rep.** Overtime shall be paid only after forty (40) hours have been worked in any given week or in excess of 8 hours in one workday. The only exception is if the Client Company has an approved alternative work schedule and therefore the PRG employee assumes the Client's work schedule and regulations. (i.e. 4 day /40 hour work schedule or 9 day /80 hour, etc.)

PRG has no supervisory control. Signature below assumes responsibility that supervisory control is performed onsite.

**Employees** must take a 30 minute meal period (minimum) for every 5 hours of work (refer to handbook).

**Client's signature** on this timesheet certifies that the hours are correct, exact to ACTUAL time worked, and that the work was performed to Client's satisfaction and authorizes **PRG Insurance Recruiters** to bill Client for such hours. Client assumes supervisory control. Client agrees that, in the event an Assigned Employee works for Client more than forty (40) hours in any workweek or in excess of eight (8) hours in one workday, Client will pay an increase in the bill rate to reflect such additional compensation plus applicable markup. The only exception is if the Client Company has an approved alternative work schedule and therefore the PRG employee assumes the Client's work schedule and regulations or Make-up Time.

**Employee's signature** on this timesheet indicates that the hours/times listed are true and accurate and no work was done off the clock.

**Employee certifies** no unreported accident/injury was sustained while working these hours.

\_\_\_\_\_  
(Authorized Client Representative)

\_\_\_\_\_  
(Employee Signature)