**WEEKLY TIME SHEET**

Week-ending Sunday....…./….../2025

Client Company …………………………………………….

Site Address ……………………………………………

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Temporary Worker | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday | Total |
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In accordance with LJB & Co. terms of business, the Client confirms that the total hours above are correct and the work is satisfactory.

Client’s signature ………………………………….. Dated ………….……./2025

Print Name ………………………………….. Position ……………….......