## Coltec Consulting, LLC Employee Time Sheet

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

Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Week Ending Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
| **DATE** |  |  |  |  |  |  |  |
| **In** |  |  |  |  |  |  |  |
| **Lunch** |  |  |  |  |  |  |  |
| **Out** |  |  |  |  |  |  |  |
| **DAILY TOTAL** |  |  |  |  |  |  |  |
|  | | | | | | **WEEKLY TOTAL** |  |

**Company Representative (Authorized Agent):**

# *(Read client acknowledgement before signing)*

# Client (Company) Acknowledgement: By client’s signature above, client authorizes Coltec Consulting, LLC to pay employee and bill client total hours documented. Client also understands and agrees Coltec Consulting, LLC is only responsible for employee’s payroll, payroll related taxes and workers compensation expenses. Any other costs or liability incurred during the course of work is the responsibility of client. By client’s signature above client acknowledges client, including any subsidiary or affiliate of client may only hire a Coltec Consulting, LLC employee upon completion of 480 billable hours to client, subsidiary or affiliate.