



TRADEWINDS SUPPORT PARTNERS
YOUR CONTRACT LABOR SUPPORT SPECIALISTS

**OVERTIME CAN ONLY BE AUTHORIZED BY THE CLIENT!
NO EXCEPTIONS!**

Week Ending: _____

Client			Last Name				First Name	

Day	Date	Start Work Time	Meal Start	Meal End	End Work Time	Regular Worked	Overtime	Labor Category
Monday								
Tues								
Wed								
Thurs								
Fri								
Sat								
Sun								
Total Hours								

Supervisor Signature

I declare that the hours depicted on this time record fully and accurately report all the time I worked during the designated payroll period, and that I was offered and received my required breaks and meal periods during this pay period.

Employee Signature