

**Time sheets must be faxed or emailed no later than 3:00 PM every Monday.**

**FINANCIAL  
PROFESSIONALS**

**FAX 972-702-0776**

EMPLOYEE NAME

POSITION

	SUN.	MON.	TUES.	WED.	THURS.	FRI.	SAT.
DATE							
TIME STARTED							
TIME FINISHED							
LUNCH TIME TAKEN							
<b>DO NOT TOTAL TIME SHEET</b>							

I hereby certify that the hours shown hereon were reported by me during the week designated and were certified by an authorized representative of the Client. I understand that I am to contact the Financial Professionals office after completing this assignment to discuss another assignment, and if I do not do so, Financial Professionals office may assume that I am not available for work.

**EMPLOYEE'S SIGNATURE**

**X**

Accounting Use Only

DO NOT WRITE BELOW THIS LINE

COMPANY NAME

COST CENTER

CLIENT SIG.

We understand that Financial Professionals/FP Resources is not an employment agency and that the service it renders is made possible only by a substantial investment in advertising, testing, and recruiting a staff of personnel. Therefore, in consideration for this service being made available to us, we agree that in the event the above named becomes employed by us within three (3) months from this date, we will pay to Financial Professionals/FP Resources liquidated damages.

**CLIENT: PLEASE MAKE A COPY FOR YOUR FILES**