



HUMAN RESOURCES SERVICES

# Group Time Sheet

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WEEKENDING-DATE: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

COMPANY NAME \_\_\_\_\_

DIVISION / DEPARTMENT \_\_\_\_\_ REFERENCE or PO# \_\_\_\_\_

WORKSITE/LOCATION \_\_\_\_\_

**TIME IS DUE EACH MONDAY BY 10:30AM • CROSS OUT DAYS NOT WORKED – ENTER TIME USING NEAREST QUARTER HOUR (FOR EXAMPLE: 9:00; 2:30; 4:45; 6:15) – 4 HOURS MINIMUM PER EMPLOYEE PER DAY**

PRINT: FIRST NAME, M.I., LAST NAME		SATURDAY	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	TOTAL REGULAR HOURS	TOTAL OVERTIME HOURS
		DATE:	DATE:	DATE:	DATE:	DATE:	DATE:	DATE:		
NAME	TIME IN									
	TIME OUT									
SS# X X X - X X - _ _ _ _ _	LESS LUNCH									
JOB TITLE	TOTAL DAILY HOURS									
NAME	TIME IN									
	TIME OUT									
SS# X X X - X X - _ _ _ _ _	LESS LUNCH									
JOB TITLE	TOTAL DAILY HOURS									
NAME	TIME IN									
	TIME OUT									
SS# X X X - X X - _ _ _ _ _	LESS LUNCH									
JOB TITLE	TOTAL DAILY HOURS									
NAME	TIME IN									
	TIME OUT									
SS# X X X - X X - _ _ _ _ _	LESS LUNCH									
JOB TITLE	TOTAL DAILY HOURS									
NAME	TIME IN									
	TIME OUT									
SS# X X X - X X - _ _ _ _ _	LESS LUNCH									
JOB TITLE	TOTAL DAILY HOURS									
NAME	TIME IN									
	TIME OUT									
SS# X X X - X X - _ _ _ _ _	LESS LUNCH									
JOB TITLE	TOTAL DAILY HOURS									

CLIENT COMPANY: Execution of this time sheet certifies that the total number of hours indicated is correct.

**TOTAL HOURS**

AUTHORIZING SIGNATURE: \_\_\_\_\_ NAME and TITLE (please print): \_\_\_\_\_