

STATE OF ILLINOIS / SEVILLE STAFFING
TEMPORARY EMPLOYEE TIMESHEET

Please Print Clearly

State Agency _____

Employee Name _____

Soc. Sec. Number XXX - XX - _____

Week (Mon. - Sun.) _____

Day	Date	Time In	Lunch Out	Lunch In	Time Out	Regular Time	Overtime
Mon							
Tue							
Wed							
Thu							
Fri							
Sat							
Sun							
Enter Weekly Totals (round to the nearest quarter hour)							

I certify that I have worked the hours listed on this time sheet. While on this assignment, I have not had any work related injuries or illnesses that I have not reported to Seville Staffing.

I also certify that I will have my timesheet in Seville's office (faxed or original) by 10:30 the following Monday.

Employee signature _____ Date _____

Employee phone number / direct phone line _____

I certify that the above named temporary employee worked acceptably during the period noted on this timesheet.

Supervisor Signature _____ Date _____

Supervisor Name (Please Print) _____

Note: It is not to be construed that by signing this timesheet the Department is in any way obligated to pay fees, charges, or penalties other than those expressly covered by the contract.

Work Address:

PLEASE FAX TO 312-368-0207
PLEASE CALL 312-368-1272 TO CONFIRM THAT FAX WAS RECEIVED