



DPI STAFFING

ALL TIMESHEETS MUST BE RECEIVED BY MONDAY AT 10 AM

BALTIMORE, MD PH: (410) 582-8731 | FAX: (410) 582-8734
BOISE, ID PH: (208) 780-0081 | FAX: (208) 780-3704
DELAWARE PH: (302) 900-1848 | FAX: (410) 582-8734
MINNEAPOLIS, MN PH: (612) 394-4678 | FAX: (888) 396-4548
PORTLAND, OR PH: (503) 281-1289 | FAX: (503) 284-0548
SALEM, OR PH: (503) 856-9563 | FAX: (503) 856-9848
SIERRA VISTA, AZ PH: (520) 458-6100 | FAX: (520) 458-5630
SILVERDALE, WA PH: (360) 405-1263

PLEASE CHECK APPROPRIATE BOX: [] DePaul Industries [] DePaul Services

EMPLOYEE NAME, CUSTOMER, POSITION, WEEK ENDING DATE, JOB NUMBER

Table with 8 columns: DATE, START TIME, LUNCH OUT, LUNCH IN, FINISH TIME, DAILY TOTAL, PTO HOURS. Rows for MONDAY through SUNDAY.

I certify that I have worked the hours listed on this time sheet. I certify that while on this assignment I have not had any work-related injuries or illnesses that I have not reported to DePaul Industries/DePaul Services.

EMPLOYEE SIGNATURE: (REQUIRED)

Employees - do not fill beyond this line. Thank you!

SUPERVISOR SECTION and DEPAUL OFFICE ONLY! (REG, OT, PTO, H)