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Weekly Time Report

Week Ending (Sunday): _____

Employee Name: _____

Company Name & Job # (If Req'd)	Hours						
	Mon	Tues	Wed	Thu	Fri	Sat	Sun
Vacation Hours:							
Floating Holiday Hours:							
Holiday Hours:							
Regular Hours:							
Overtime Hours:							
Totals							

By signing this timesheet, you agree that the information provided is both valid and correct.

Weekly Totals	
Total Regular Hours:	
Total Overtime Hours:	
Total Vacation Hours:	
Total Floating Holiday Hours:	
Total Holiday Hours:	

SIGNED: _____

(EMPLOYEE)

APPROVED: _____

(CLIENT)

*Please note: You must still send in your signed timesheet to Concept for proper payroll processing. You may either print and mail your signed timesheet to our P.O. Box, or scan and e-mail your signed printed timesheet to jobs@concept4u.com.

Print Timesheet

Have something to tell us?

Use our convenient personal quote field to the right to leave us your comments, questions, and updates!