

# Internet Time Sheet

Return to:



**"S" Corp**  
**202 North Adams**  
**Rockville, MD 20850**  
**T 301-251-8808**  
**F 301-251-0367**

Employee social security number	Office use only
Employee name (please print)	
Employee signature	date
Client name	supervisor
Project name/project	telephone number
Location	

**This card must be received by Tuesday mail to insure receipt of your paycheck by Friday**

<b>TIME RECORD</b>					
<b>REPORT ALL TIME WORKED TO THE NEAREST ¼ HOUR</b>					
Week Ending Sunday		START	STOP	LESS LUNCH	TOTAL HOURS
MONDAY	DATE				
TUESDAY					
WEDNESDAY					
THURSDAY					
FRIDAY					
SATURDAY					
SUNDAY					
<b>TOTAL HOURS FOR WEEK</b>					

It is agreed that the work performed was satisfactory and the hours stated above are correct. We agree not to recruit this employee, in recognition of the time and money "S" Corp has spent in recruiting. However, should we directly or indirectly employ this person within six (6) months of today's date "S" Corp shall have the option to (1) be reimbursed 15% of the employee's annual earnings upon the receipt of "S" Corp's invoice, or (2) have this person maintained on "S" Corp's payroll for a total of 500 hours at the billing rate established.

\_\_\_\_\_  
 Client signature

\_\_\_\_\_  
 date