



Adirondack Staffing Solutions, LLC

Time Sheet

Text completed time sheet to (518) 867-5073 and leave a copy with the office

(For security purposes, please omit SSN when texting)

Full Name _____ Title _____

Address _____ Apartment/Unit # _____

City _____ State _____ Zip Code _____

Social Security Number _____ Employee Hourly Rate _____

Office Name _____ Address _____

Candidate has been or will be paid- CHECK ONE:

Office Payroll

Agency Payroll

Given a Check

Check will be mailed on _____

Date	Start Time	End Time	Lunch (30/60min)	Total Hours Hours: Minutes	Total Hours Digital
				8:15	8.25

Thank you for choosing Adirondack Staffing Solutions. Weekly Total: _____