



ARCHON RESOURCES

Email timesheets to:
payroll@archonresources.com

Employee Name: _____

Company Assigned to: _____

Supervisor: _____

WEEK DAY	DATE	START TIME	END TIME	LESS LUNCH	TOTAL HOURS
SUNDAY					
MONDAY					
TUESDAY					
WEDNESDAY					
THURSDAY					
FRIDAY					
SATURDAY					
ADDITIONAL NOTES:				TOTAL HOURS:	
<i>Please round time to nearest quarter hour. For example, 8 hours and fifteen minutes should be 8.25 hours</i>					

The above time I have reported has been approved by an authorized approver of the company I'm assigned.

*If your assignment ends, please notify your staffing representative so that voluntary termination is not assumed. Failure to provide notification may result in loss of unemployment benefits.

Employee Signature: _____ Date: _____

The reported time is accurate and client agrees to pay Archon Resources within 10 days of invoice.
If client chooses to hire or convert Archon employee prior to any previously agreed upon conversion terms the client agrees to pay a conversion fee.
Client agrees to supervise and provide a safe working environment for placed worker.

Approver's Signature: _____ Date: _____