



Consultant Time Sheet

Date _____ SSN/SIN _____

Client Name _____ Candidate Name _____

Supervisor _____ Client Phone # _____

Street Address _____

City _____ State _____ ZIP _____ e-mail _____

Week ending ____/____/____ Engagement completed? Y / N

Time Sheet Key: P = Personal Day, H = Holiday, S = Sick
 Time worked = fractions of an hour in quarter hour increments enter time to nearest quarter hour in decimal form. (.25, .50, .75)

	Hours	Fractional Hours	Date
Saturday			
Sunday			
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Total Billable Time			

<p>Client Approval:</p> <p>I certify that the hours shown above are correct and the work performed is satisfactory. By signing this agreement, we also acknowledge that we are bound by the terms of the ATI Client Agreement and conditions of engagement.</p> <p>O.T. hours: _____ initials: _____</p> <p>Supervisor: _____</p> <p>Title: _____</p>	<p>Consultant:</p> <p>I certify that the days shown on this time sheet are correct and were worked by me.</p> <p>Signature: _____</p> <p>Name Printed: _____</p>
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**Weekly time sheets are due by Saturday at noon. Please fax to 678-298-8496.
 Failure to meet the deadline may lead to a delay in paying you for your services.
 Only time sheets with your signature, the client's signature, and applicable overtime initials will be considered valid.**