



RPI TIME SHEET

56 W 45th Street, 2nd Floor New York, NY 10036 Phone: (212) 843-9142 Fax: (212) 208-0983

EMPLOYEE WORK RECORD FOR THE WEEK ENDED

___/___/___

NAME: _____

DAY OF THE WEEK	DATE: Month & Day	TIME IN	LUNCH: Out-In**	TIME OUT	TOTAL HOURS WORKED*	FOR OFFICE USE ONLY
MON	___/___	_____	--- ___-___	_____	_____	_____
TUES	___/___	_____	--- ___-___	_____	_____	_____
WED	___/___	_____	--- ___-___	_____	_____	_____
THURS	___/___	_____	--- ___-___	_____	_____	_____
FRI	___/___	_____	--- ___-___	_____	_____	_____
SAT	___/___	_____	--- ___-___	_____	_____	_____
SUN	___/___	_____	-- ___-___	_____	_____	_____
Total hours worked					_____	_____
Total days worked					_____	_____

IMPORTANT FOR THE EMPLOYEES: Our pay period runs from Monday through Sunday. Work records MUST be submitted by five o'clock (5:00) of the Monday following the end of the pay period. Compensation will be in accordance with the individual Project Agreement received for the assignment. By execution of this form employee certifies that the hours shown are correct.

X _____
Employee Signature

Date: _____

IMPORTANT FOR THE CLIENT: By execution of this form, client certifies that the hours shown are correct and the work was completed.

CLIENT COMPANY: _____

AUTHORIZED SIGNATURE: _____ DATE: _____

PRINT NAME: _____

*** NOT INCLUDING LUNCH & ROUNDED TO THE NEAREST QUARTER HOUR**

**** IF NOT APPLICABLE INDICATE "NO LUNCH"**