INSURANCE RELIEF

740 W. Alluvial Ave.
Fresno, CA 93711-5509
(888) 292-4440 • (559) 431-6428 • Fax (888) 292-4448
www.insurance-relief.com

TIMESHEET

Client Name:

Employee

Name _____

Employee ID _____

Employee Signature _____

I understand that I am not to accept work from any client that I am assigned to by Insurance Relief® without first receiving written authorization from Insurance Relief®. I hereby certify that these hours are true and correct and that I sustained no injuries during this assignment.

Work Week

OFFICE # 102

From: _____ (**Monday**)

To: _____ (**Sunday**)

MUST BE RECEIVED BY INSURANCE RELIEF BEFORE 12:00 P.M. EVERY MONDAY

Date	Start Time	Meals		End Time	Total Time
		Out	In		