

TEMPORARY EMPLOYEE TIMESHEET

LEGAL
OPTION
GROUP, INC

A PERSONNEL SERVICE

1901 AVENUE OF THE STARS, SUITE 800
LOS ANGELES, CA 90067

• **Tel:** 310-553-1836 • **Fax:** 310-553-9778
• **E mail:** payroll@logcog.com

WEEK ENDING: _____

PICKUP CENTURY CITY MAIL

	DATE	TIME-IN	(BEGIN BREAK) TIME-OUT	(END BREAK) TIME-IN	TIME-OUT	REGULAR HOURS	OVER TIME	DOUBLE TIME
MONDAY								
TUESDAY								
WEDNESDAY								
THURSDAY								
FRIDAY								
SATURDAY								
SUNDAY								
* Please round times to the nearest quarter hour *						TOTAL HOURS FOR THE WEEK:		

CANDIDATE NAME: _____

CLIENT: _____

CANDIDATE SIGNATURE: _____

WORK PERFORMED FOR: _____

LAST FOUR DIGITS OF SSN: _____

APPROVED BY: _____

The above signature constitutes acceptance of the work performed and authorizes Legal Option Group, Inc. to bill client for hours accepted.