TIME RECORD

parker

Fax by NOON Monday!

	Week Ending Date SATURDAY
Your Name (Please Print Above)	Month / Day / Year

	DATE	TIME IN	TIME OUT	—	TIME IN	TIME OUT	DAILY TOTAL
S				**			
M				B			
T				R			
W				E			
TH				A			
F				K			
S				**			

Contractor Instructions:

1. Write clearly (black ink). Fill out the form **completely**
2. Use the nearest quarter hour in decimals (15 min = .25)
3. Obtain supervisor's signature
4. Fax to **206.326.5270** or 206.223.8227
5. Fax no later than **10 AM Monday** following the Saturday week ending date
6. Notify Parker of your availability

Client Instructions:

1. Please verify the hours
2. Sign and retain a copy

Regular Hours	
Hours Over Forty	

COMPANY NAME

CONTRACTOR'S SIGNATURE DATE

PRINT NAME

SUPERVISOR'S SIGNATURE DATE

PRINT NAME

Terms:

I verify that the hours indicated as worked for the Client are true and correct.

I understand that time records received by Parker after 12:00PM on Monday will be processed the following Monday.

Terms:

I verify that I am authorized to approve this time record and agree that the hours are accurate.

I understand that Parker will invoice me for services provided by this Contractor and that payment is due upon receipt.

Contact Info:
818 Stewart St - Suite 1210
Seattle, WA 98101
Phone: 206-447-9447
Fax: 206-326-5270
Alternate Fax: 206-223-8227