

# WILLIAMSON GROUP

Hospitality and Event Staffing

## Individual Time Sheet For Hospitality Staff

This timesheet should be signed at the end of the assignment, **by an authorized client representative**. Client keeps one copy and employee will deliver a copy to Williamson Group for payroll processing. Employee agrees not to solicit employment from any Williamson Group client and understands that to do so may interfere with contractual relations.

**DEADLINE FOR TIMESHEET – BY 5PM MONDAY.**

Name of Staff \_\_\_\_\_ F#: \_\_\_\_\_

Client Company \_\_\_\_\_ Venue: \_\_\_\_\_

	Date	In-Time	Break		Out-Time	# Hours
			Out-Time	In-Time		
MONDAY						
TUESDAY						
WEDNESDAY						
THURSDAY						
FRIDAY						
SATURDAY						
SUNDAY						
					<b>Total</b>	

I agree that I am responsible for the supervision, safety and quality control of Williamson Group staff and I agree not to pay them directly or solicit their contact information nor permit them to be placed on the payroll of my firm for 12 months after completion of this assignment as per signed Williamson Group Agreement.

Client Signature \_\_\_\_\_ DATE \_\_\_\_\_

# WILLIAMSON GROUP

Hospitality and Event Staffing

## Individual Time Sheet For Hospitality Staff

This timesheet should be signed at the end of the assignment, **by an authorized client representative**. Client keeps one copy and employee will deliver a copy to Williamson Group for payroll processing. Employee agrees not to solicit employment from any Williamson Group client and understands that to do so may interfere with contractual relations.

**DEADLINE FOR TIMESHEET – BY 5PM MONDAY.**

Name of Staff \_\_\_\_\_ F#: \_\_\_\_\_

Client Company \_\_\_\_\_ Venue: \_\_\_\_\_

	Date	In-Time	Break		Out-Time	# Hours
			Out-Time	In-Time		
MONDAY						
TUESDAY						
WEDNESDAY						
THURSDAY						
FRIDAY						
SATURDAY						
SUNDAY						
					<b>Total</b>	

I agree that I am responsible for the supervision, safety and quality control of Williamson Group staff and I agree not to pay them directly or solicit their contact information nor permit them to be placed on the payroll of my firm for 12 months after completion of this assignment as per signed Williamson Group Agreement.

Client Signature \_\_\_\_\_ DATE \_\_\_\_\_