

Contractor Name:

Client Name:

Week Starting:

Date	Day	Time In	Time Out		Time In	Time Out	Total Hours

Contractor Signature: _____

Client Signature: _____

Total Hours

Rate Per Hour

Total Pay

Time Doctor Agency

Contractor Name: John Doe

Client Name: Jane Doe

Week Starting: 11/30/2020

Date	Day	Time In	Time Out		Time In	Time Out	Total Hours
11/30/2020	Monday	8:00 AM	11:00 AM		1:00 PM	5:00 PM	7:00
12/1/2020	Tuesday	8:30 AM	11:00 AM		1:30 PM	4:00 PM	5:00
12/2/2020	Wednesday	8:21 AM	11:00 AM		1:00 PM	4:30 PM	6:09
12/3/2020	Thursday	8:00 AM	10:45 AM		1:00 PM	7:00 PM	8:45
12/4/2020	Friday	8:00 AM	11:00 AM		1:00 PM	5:00 PM	7:00
12/5/2020	Saturday	8:00 AM	10:00 AM				2:00
12/6/2020	Sunday						0:00

Contractor Signature: _____

Client Signature: _____

Total Hours	35:54
Rate Per Hour	\$150.00
Total Pay	\$5,385.00