

# C&D TECHNICAL SERVICES, INC.

# WEEKLY TIME SHEET

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TIME SHEETS MUST BE RETURNED BY 3:00 PM MONDAY

NAME OF EMPLOYEE	FOR WEEK ENDING SUNDAY,
JOB DESCRIPTION/TRADE	COMPANY

DAY OF WEEK	MORNING		AFTERNOON		OVERTIME		TOTAL HOURS	
	IN	OUT	IN	OUT	IN	OUT	REGULAR HOURS	OVERTIME HOURS
MONDAY								
TUESDAY								
WEDNESDAY								
THURSDAY								
FRIDAY								
SATURDAY								
SUNDAY								
TOTAL								

Authorization \_\_\_\_\_

Employee \_\_\_\_\_

CUSTOMER CERTIFIES ABOVE HOURS WERE  
WORKED BY THE ABOVE C&D EMPLOYEE

I CERTIFY I HAVE WORKED THE HOURS LISTED ABOVE.