



114 Locust Street
Dover, NH 03820

Time Sheet

SUBMIT TIMESHEET ON OR BEFORE MONDAY AT 10:00AM

EMAIL- dovertimecards@leddygroup.com

FAX NUMBER – 1-866-264-0551

TEXT NUMBER – 1-806-464-0346

For Week Ending (Saturday)

Month _____ Day _____ Year _____
Field Employee _____

Client Company _____

Job Site Location / Dept _____

DAY	START TIME	OUT	IN	FINISH TIME	TOTAL HOURS
SUNDAY					
MONDAY					
TUESDAY					
WEDNESDAY					
THURSDAY					
FRIDAY					
SATURDAY					
<div style="border: 1px solid black; padding: 5px; width: fit-content;"> CONTACT US ABOUT DIRECT DEPOSIT </div>		WEEKLY TOTALS	REGULAR HOURS		
			OVERTIME HOURS		
			TOTAL HOURS FOR WEEK		

ANY CHANGES/REVISIONS/CROSSOUTS TO THIS TIMECARD ARE REQUIRED TO BE INITIALED BY BOTH PARTIES.

It is hereby certified that the hours listed above are correct and that the work was performed in a satisfactory manner.

Field Employee Signature _____

IS YOUR ASSIGNMENT COMPLETED? _____ NO _____ YES If yes, date completed _____

It is hereby certified that the hours listed above are correct and that the work was performed in a satisfactory manner. I understand that if my company hires a Leddy Group applicant within one hundred eighty (180) days after completion of a supplemental assignment, a full placement fee is required from my company. The above is applicable if an applicant is hired by another department or location of the company.

Client/Company Representative Signature _____

For payroll questions, contact the email above, (603) 749-4504 x732, or your local contact.