



83 Yonge Street
 Fourth Floor
 Toronto, Ontario
 M5C 1S8
 Tel: 416.363.7227
 Fax: 416.363.6125
 www.kentlegal.com

TIMESHEET

Employee: _____

Position: _____

Client : _____

Day	Date	Start Time	End Time	Regular Hours	Non Billable Hours	Overtime Hours	Total Hours
Sunday							
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Weekly Total Hours							

Employee Authorization

I hereby attest that the time and hours recorded on this time record accurately and fully identify all time that I have worked during the designated pay period.

Date: _____ Signature: _____

Client Authorization

By signing below, you acknowledge that you have the authority to bind the firm or company. You are approving the total regular billable hours and overtime hours from the schedule above.

Date: _____ Title: _____ Signature: _____

Please note that this person is an employee of Kent Legal. In the event that our employee is hired permanently or temporarily by your company within a period of one year of current assignment's completion, a fee will be charged.