



WOOD PERSONNEL SERVICES
"Just good people."

IT Placement & Contract Services Division

Consultant Name: _____

Month: _____

Period:

Social Security #: _____

Year: _____

1-15

16-EOM

I hereby certify that the hours shown below were worked by me during the period ending shown above, and were properly certified by an authorized representative of the named company to the right hereof.

Company Name: _____

Consultant Signature: _____

Fax Timecards to
(615) 399-1930

BILLABLE HOURS

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	
16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

In (Time)

Out (Time)

Lunch (Hrs)

Total Bill Hrs

Taxable Hours: _____

Non-taxable Hours: _____

Please indicate below any overtime hours worked in pay period

1-15 _____ 16-EOM _____

OT = More than 40 hours worked in 1 work week

Client Approval: _____

Date: _____

The above signed is an authorized representative of the company and certifies the above hours are correct and work was performed satisfactorily. Signature on this document constitutes acceptance of WPS' Client Agreement.

Description:

NON-BILLABLE / OTHER HOURS

Total Non-Bill Hrs

Total Hours _____

This timecard should be submitted on the 15th & last day of each month.