



**The Artemus Group LLC Time Sheet**

Employee Name: \_\_\_\_\_ Company name: \_\_\_\_\_  
 Employee Number: N/A Supervisor: \_\_\_\_\_  
 Department: 354 Status: Temp

Date	Day	Start	Meal	End	Hours Worked	Total Hours
	Saturday					
	Sunday					
	Monday					
	Tuesday					
	Wednesday					
	Thursday					
	Friday					
	<b>TOTAL</b>					

Signature attests that hours are actual hours worked and accurate.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

Please send paycheck to:

VAB OFFICE \_\_\_\_\_

ADDRESS OF RECORD \_\_\_\_\_

**Timesheets must be signed by supervisor and employee, dated, hours totalled and faxed in (757-257-0668) Friday at 5pm to ensure timely payroll payment. If there are any problems, notify Steve Pniewski or Linda Wright at 866-SHIP-101.**