



TECHNICAL SERVICES, INC.

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Facsimile by Friday COB every week.

TIME SHEET & ACTIVITY REPORT

EMPLOYEE _____ PHONE _____

CLIENT _____ WEEK ENDING DATE _____

MONTH: _____

Table with columns: DATE, SUN, MON, TUES, WED, THURS, FRI, SAT, TOTAL and rows: WORKED, LEAVE, TOTAL

WORKED HOURS _____

OVERTIME HOURS _____

LEAVE HOURS _____

EMPLOYEE'S SIGNATURE _____ DATE _____

SUPERVISOR'S SIGNATURE _____ DATE _____

CLIENT/GOV'T SIGNATURE _____ DATE _____

THIS WEEK'S ACTIVITY: _____

NEXT WEEK'S ACTIVITY: _____