

**STATE OF ILLINOIS / MANPOWER  
TEMPORARY EMPLOYEE TIMESHEET**

**Please Print Clearly**

**State Agency** \_\_\_\_\_

**Employee Name** \_\_\_\_\_

**Soc. Sec. Number** **XXX - XX -** \_\_\_\_\_

**Week (Mon. - Sun.)** \_\_\_\_\_

Day	Date	Time In	Lunch Out	Lunch In	Time Out	Regular Time	Overtime
Mon							
Tue							
Wed							
Thu							
Fri							
Sat							
Sun							
Enter Weekly Totals (round to the nearest quarter hour)							

**I certify that I have worked the hours listed on this time sheet. While on this assignment, I have not had any work related injuries or illnesses that I have not reported to manpower.**

**I also certify that I will have my timesheet in Manpower's office (faxed or original) by 10:30 the following Monday.**

**Employee signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Employee phone number / direct phone line** \_\_\_\_\_

**I certify that the above named temporary employee worked acceptably during the period noted on this timesheet.**

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

**Supervisor Name (Please Print)** \_\_\_\_\_

**Note: It is not to be construed that by signing this timesheet the Department is in any way obligated to pay fees, charges, or penalties other than those expressly covered by the contract.**

<p>Work Address:</p>          
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**PLEASE FAX 866.687.8330 or SCAN/EMAIL TO  
SPRINGFIELD.IL@MANPOWER.COM**