TIME SHEETS

Customer's Signature _____

Title _____

Customer's Name _____

Division or Dept. _____

Address _____

City/State/Zip _____

CORPORATE OFFICE
3008-A W. Division
Arlington, TX 76012
(817)261-5005
(817-261-0466 Fax

DALLAS
1499 Regal Row
Suite 309
Dallas, TX 75247
(214)638-5601
(214)638-1674 Fax

GLS
Gonzales Labor Systems, Inc.
gonzaleslaborsystems.org

GARLAND
1436 W. Buckingham
Garland, TX 75042
(972)276-5066
(972)276-4692 Fax

FORT WORTH
1523 Jacksboro Hwy.
Fort Worth, TX 76114
(817)626-9880
(817)626-9888 Fax

RECORD DAILY HOURS WORKED TO NEAREST QUARTER HOUR **Week's End Date** _____

NAME	SOCIAL SECURITY NUMBER		DATE MONDAY HRS	DATE MONDAY TTL	DATE TUESDAY HRS	DATE TUESDAY TTL	DATE WEDNESDAY HRS	DATE WEDNESDAY TTL	DATE THURSDAY HRS	DATE THURSDAY TTL	DATE FRIDAY HRS	DATE FRIDAY TTL	DATE SATURDAY HRS	DATE SATURDAY TTL	DATE SUNDAY HRS	DATE SUNDAY TTL	TOTAL HOURS FOR WEEK REG	TOTAL HOURS FOR WEEK O.T.
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