

Cymatex Consults LLC

14440 Cherry Lane Ct, St 102, Laurel, MD. 20707: Phone: 240 755 3544; 240 646 2158.

Fax: 240-650-0860 Email: info@cymatexconsults.com

Employee Name: _____ **Client Name:** _____

Client Address : _____

use the payroll schedule for guide:

 Pay Period Week Starting Week Ending Pay Date

Week 1 Day	Date	Time In	Time Out	Break	Time In	Time Out	Total Hours	Office Use
<i>Pay period begin</i> Thursday								
Friday								
Saturday								
Sunday								
Monday								
Tuesday								
Wednesday								
Total Hours -This Week 1								

Week 2 Day	Date	Time In	Time Out	Break	Time In	Time Out	Total Hours	Office Use
Thursday								
Friday								
Saturday								
Sunday								
Monday								
Tuesday								
<i>Pay period End</i> Wednesday								
Total Hours -This Week 2								

Total Hours

Attention:

- ❖ **Pay Days are Thursday after pay period ends: in order to be paid timely**
 - **Drop off your timesheet in the office on a Friday following the last day on the timesheet** (*Pay period End*),
OR
 - **Email a pdf copy of your time sheet to the office email address**
- ❖ Note that every week is stand-alone, and you do not exceed your approved working hours per week without proper approval from the office
- ❖ If in doubt or have client's request, always double check with the office

Employee Signature: _____

Date _____

For Office Use Only

Approved Number of hrs. worked: _____ hrs. X \$ _____ Rate = \$ _____ payment made on: _____

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Manager Name: _____ Manager Signature : _____ Date _____