ADVANCED RESOURCE SO	LUTIONS	WEEKLY	TIME I	REPORT				CLIENT NA	AME:							
5515 E. GRANT ROAD SUITE 210 TUCSON, AZ 85712								EMPLOYE	E NAME: _							
PHONE: (520) 529 3129		WEEK END	ING:					SUPERVISORS NAME:								
FAX: (520) 615 7692	EMAIL: ARS@A	DVRESOUR	.CESOLUT	ΓΙΟΝS.COM												
(USE SECOND TIMESHEET IF MORE PUNCHES ARE REQUIRED PER DAY)	DATE:															
JOB LOCATION: (Job site; drive time)			MON		TUE		WED		IHU		FRI		SAT			
* 12:00AM USED FOR NIGHT SHIFT O		TIME	HOURS	TIME	HOURS	TIME	HOURS	TIME	HOURS	TIME	HOURS	TIME	HOURS	TIME	HOURS	
		IN: 12:00AM(*)		IN: 12:00AM(*)		IN: 12:00AM(*)		IN: 12:00AM(*)		IN: 12:00AM(*)		IN: 12:00AM(*)		IN: 12:00AM(*)		
		OUT LUNCH:		OUT LUNCH:		OUT LUNCH:		OUT LUNCH:		OUT LUNCH:		OUT LUNCH:		OUT LUNCH:		
		IN LUNCH:		IN LUNCH:		IN LUNCH:		IN LUNCH:		IN LUNCH:		IN LUNCH:		IN LUNCH:		
		OUT:		OUT:		OUT:		OUT:		OUT:		OUT:		OUT:		
		IN:		IN:		IN:		IN:		IN:		IN:		IN:		
		OUT:		OUT:		OUT:		OUT:		OUT:		OUT:		OUT:		
		IN:		IN:		IN:		IN:		IN:		IN:		IN:		
		OUT/ LUNCH:		OUT LUNCH:		OUT LUNCH:		OUT LUNCH:		OUT LUNCH:		OUT LUNCH:		OUT LUNCH:		
		IN/ LUNCH:		IN LUNCH:		IN LUNCH:		IN LUNCH:		IN LUNCH:		IN LUNCH:		IN LUNCH:		
		OUT:		OUT:		OUT:		OUT:		OUT:		OUT:		OUT:		
TOTALS:	REG OT	HOL	IRS	HO	URS	HOU	JRS	HO	URS	HOU	JRS	HOU	URS	HOU	JRS	
(Fill in total hours adding the column)			-		-		· · ·		-							
Injury status (Sign if NOT injured) If																
injured write comments below. SUPERVISOR SIGNATURE: (IF MULTIPLE JOBS WORKED IN A DAY, INITIAL NEAREST TIME ENTRY BOX)																
Injury Log (When, Where, What, How)	Supervisor needs	to sign:		ı		ı		1		ı		ı		ı		

ADVANCED RESOURCE SOLUTIONS		WEEKLY TIME REPORT CLIENT NAME:														
5515 E. GRANT ROAD SUITE 210 TUCSON, AZ 85712				Ī				EMPLOYE	E NAME: _							
PHONE: (520) 529 3129	WEEK END	ING:					SUPERVISORS NAME:									
FAX: (520) 615 7692	EMAIL: ARS@A	DVRESOUR	VRESOURCESOLUTIONS.COM													
(USE SECOND TIMESHEET IF MORE PUNCHES ARE REQUIRED PER DAY)	DATE:															
JOB LOCATION: (Job site; drive time)		SUN		MON		TUE		WED		THU		FRI		SAT		
* 12:00AM USED FOR NIGHT SHIFT OF		TIME	HOURS	TIME	HOURS	TIME	HOURS	TIME	HOURS	TIME	HOURS	TIME	HOURS	TIME	HOURS	
		IN: 12:00AM(*)		IN: 12:00AM(*)		IN: 12:00AM(*)		IN: 12:00AM(*)		IN: 12:00AM(*)		IN: 12:00AM(*)		IN: 12:00AM(*)		
		OUT LUNCH:		OUT LUNCH:		OUT LUNCH:		OUT LUNCH:		OUT LUNCH:		OUT LUNCH:		OUT LUNCH:		
		IN LUNCH:		IN LUNCH:		IN LUNCH:		IN LUNCH:		IN LUNCH:		IN LUNCH:		IN LUNCH:		
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		OUT/ LUNCH:		OUT LUNCH:		OUT LUNCH:		OUT LUNCH:		OUT LUNCH:		OUT LUNCH:		OUT LUNCH:		
		IN/ LUNCH:		IN LUNCH:		IN LUNCH:		IN LUNCH:		IN LUNCH:		IN LUNCH:		IN LUNCH:		
		OUT:		OUT:		OUT:		OUT:		OUT:		OUT:		OUT:		
TOTALS:	REG OT	1101	100	1101	IDO	1101	100	1101	LIDO.		100	1101	IDO	1101	100	
	REG UI	НОО	KS	НО	JKS	HOU	JKS	НО	UKS	HOU	KS	НОО	IKS	HOU	IKS	
Injury status (Sign if NOT injured) If																
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ADVANCED RESOURCE SO	LUTIONS	WEEKLY	TIME	REPORT				CLIENT NA	ΔMF·								
5515 E. GRANT ROAD SUITE 210 TUCSON, AZ 85712	Le Herks	WEEKET		ALI OKI													
									EMPLOYEE NAME:								
PHONE: (520) 529 3129	SUPERVISORS NAME:																
FAX: (520) 615 7692	EMAIL: ARS@A	DVRESOUR	CESOLUT	TIONS.COM													
(USE SECOND TIMESHEET IF MORE PUNCHES ARE REQUIRED PER DAY)	DATE:																
I ER DAT)	DATE										`						
JOB LOCATION: (Job site; drive time)		TAS		SUN		MON		IUE		WED		THU		FRI			
* 12:00AM USED FOR NIGHT SHIFT O		TIME	HOURS	TIME	HOURS	TIME	HOURS	TIME	HOURS	TIME	HOURS	TIME	HOURS	TIME	HOURS		
		IN: 12:00AM(*)		IN: 12:00AM(*)		IN: 12:00AM(*)		IN: 12:00AM(*)		IN: 12:00AM(*)		IN: 12:00AM(*)		IN: 12:00AM(*)			
		OUT LUNCH:		OUT LUNCH:		OUT LUNCH:		OUT LUNCH:		OUT LUNCH:		OUT LUNCH:		OUT LUNCH:			
		IN LUNCH:		IN LUNCH:		IN LUNCH:		IN LUNCH:		IN LUNCH:		IN LUNCH:		IN LUNCH:			
		OUT:		OUT:		OUT:		OUT:		OUT:		OUT:		OUT:			
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		OUT:		OUT:		OUT:		OUT:		OUT:		OUT:		OUT:			
		IN:		IN:		IN:		IN:		IN:		IN:		IN:			
		OUT/ LUNCH:		OUT LUNCH:		OUT LUNCH:		OUT LUNCH:		OUT LUNCH:		OUT LUNCH:		OUT LUNCH:			
		IN/ LUNCH:		IN LUNCH:		IN LUNCH:		IN LUNCH:		IN LUNCH:		IN LUNCH:		IN LUNCH:			
		OUT:		OUT:		OUT:		OUT:		OUT:		OUT:		OUT:			
TOTALS:	REG OT	HOL	IRS	НО	URS	HO	URS	HO	URS	HOU	JRS	HOU	URS	HOU	JRS		
(Fill in total hours adding the column)																	
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ENTRY BOX)																	
Injury Log (When, Where, What, How)) Supervisor needs	to sign:															

ADVANCED RESOURCE SOI	LUTIONS	WEEKLY	TIME F	REPORT				CLIENT NA	AME:							
5515 E. GRANT ROAD SUITE 210 TUCSON, AZ 85712								EMPLOYE	E NAME: _							
PHONE: (520) 529 3129 WEEK ENDING:								SUPERVISORS NAME:								
FAX: (520) 615 7692	EMAIL: ARS@A	DVRESOUF	RCESOLUT	TIONS.COM				_								
(USE SECOND TIMESHEET IF MORE PUNCHES ARE REQUIRED PER DAY)	DATE:															
JOB LOCATION: (Job site; drive time)		FRI	FRI (OR END OF THUR SHIFT)		SAT		SUN		MON		TUE		WED		THUR	
* 12:00AM USED FOR NIGHT SHIFT O	NLY!!!	TIME	HOURS	TIME	HOURS	TIME	HOURS	TIME	HOURS	TIME	HOURS	TIME	HOURS	TIME	HOURS	
		IN: 12:00AM(*)		IN: 12:00AM(*)		IN: 12:00AM(*)		IN: 12:00AM(*)		IN: 12:00AM(*)		IN: 12:00AM(*)		IN: 12:00AM(*)		
		OUT LUNCH:		OUT LUNCH:		OUT LUNCH:		OUT LUNCH:		OUT LUNCH:		OUT LUNCH:		OUT LUNCH:		
		IN LUNCH:		IN LUNCH:		IN LUNCH:		IN LUNCH:		IN LUNCH:		IN LUNCH:		IN LUNCH:		
		OUT:		OUT:		OUT:		OUT:		OUT:		OUT:		OUT:		
		IN:		IN:		IN:		IN:		IN:		IN:		IN:		
		OUT:		OUT:		OUT:		OUT:		OUT:		OUT:		OUT:		
		IN:		IN:		IN:		IN:		IN:		IN:		IN:		
		OUT/ LUNCH:		OUT LUNCH:		OUT LUNCH:		OUT LUNCH:		OUT LUNCH:		OUT LUNCH:		OUT LUNCH:		
		IN/ LUNCH:		IN LUNCH:		IN LUNCH:		IN LUNCH:		IN LUNCH:		IN LUNCH:		IN LUNCH:		
		OUT:		OUT:		OUT:		OUT:		OUT:		OUT:		OUT:		
TOTALS:	REG OT	НО	IDS	HOU	IDS	HOU	IDS	HOU	IDS	HOU	IDS	HOU	IDS	HOU	IDS	
(Fill in total hours adding the column)	NEG OF	7700	<i>)</i> /(0	1100	on C	1100	5110	7700	JAC .	7700	<i>)</i> /(0	7700	7.0	7100	7.0	
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