



660 Basket Road, Webster, NY 14580  
 (585) 265-1780 (800) 615-6144

**CONTRACTOR TIMESHEET**

**FAX to (585) 217-0249  
 or EMAIL to dtrpayroll@datrose.com**

Payroll Use Only  
 Employee Label

**Deadline: MONDAY at 3:00 pm EST** - Must be received by this time to avoid delays in processing.

Contractor's Name (Please print)	Week Ending Date (Sunday)	Client

	MON	TUES	WED	THU	FRI	SAT	SUN	Total Hours
<b>DATE</b>								
<b>PROJECT Number</b>								
<b>SHIFT A</b>								
<b>SHIFT B</b>								
<b>SHIFT C</b>								
<b>UNPAID CODE*</b>								
<b>TOTAL HOURS</b>								

**Total Hours Worked for Week:** \_\_\_\_\_ Hours worked in excess of 15 per day must be initialed by your manager on the day worked.

**Manager Name: (Please Print)** \_\_\_\_\_

**Manager Signature:** \_\_\_\_\_  
 (Required) \_\_\_\_\_ Date

**\* Employee Absence Code List**

- ADL - Late Arrival
- AEU - Time off with notice
- ADP - Time off without notice
- HNP - Holiday - No Pay

**\*HOLIDAY Worked**

- HW - Holiday Worked

By signing and submitting this timesheet to Datrose Inc., I the undersigned agree the hours accurately reflect my hours worked during this period. Further, I understand that falsification of my time is grounds for termination and potential legal actions.

**Employee Signature:** \_\_\_\_\_  
 \_\_\_\_\_ Date

**Employee's Email:** \_\_\_\_\_

<b>Payroll use only</b>			
	REG	OT	Total
Shift A	_____	_____	_____
Shift B	_____	_____	_____
Shift C	_____	_____	_____
Totals	_____	_____	_____