

www.rsdstaffing.com

Phone: (863) 216-8960

Supervisor on site: _____

PO Number: _____

Customer Name: _____



Tickets To: payroll@rsdstaffing.com

Invoice To: _____

Driver: _____

W/E Date: _____

☐ Check box when finished

Total hours _____

	EMP ID	LAST, FIRST NAME	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Hours	Notes	Per Diem	PO
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
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16													
17													
18													
19													
20													
21													
22													
23													
24													
25													
	Daily totals												

SUPERVISOR SIGNATURE _____

DATE _____

Enter hours worked per day; Hours = weekly total. Minimum 4 hours per day. Severe injuries call 9-1-1. It is the supervisor's and employee's responsibility to report ALL incidents to RSD Staffing immediately. The customer agrees to supervise all RSD Staffing employees at all times; employees will not be permitted to operate unprotected or dangerous equipment, to work on ladders, scaffolds or rooftops, to perform excavation without proper shoring, or to work under any unsafe conditions. Email completed tickets to payroll@rsdstaffing.com.