WEEK ENDED (FRIDAY)			Weekly Time Report LAST NAME, FIRST NAME, MIDDLE INITIAL						
WEEK ENDED (FK	IDAT)			LAS	T NAME, F	K31 NAME	<u>e, MIDDLE</u>	INITIAL	
CLIENT ID /		_						1	
OVERHEAD T	YPE SAT	SUN	MON	TUE	WED	THU	FRI	TOTAL	
F	R/T								
(O/T								
F	R/T								
(D/T								
	R/T								
	O/T								
	R/T D/T							 	
TOTAL HOURS	<i>5</i> /1								
NON-BILLABLE OVERHEAD CODES					TO OUR C		na us the o	pportunity to serve	VOL
1110 Consultant Training	1112	20 Client Interv	iew					es correct billing.	,
1130 Recruiting Interview	1114	40 Holiday						<u> </u>	
1150 Vacation		60 Illness							
11170 Awaiting Asssignment 1118		30 Unpaid Time	Unpaid Time		Employee Signature				
				1		Clion	t Approval	Signaturo	