



**TECH PROVIDERS, INC.**  
**2117 MAGNOLIA AVE SOUTH SUITE 200**  
**BIRMINGHAM, AL 35205**

**NAME:** \_\_\_\_\_ **WEEK ENDING:** \_\_\_\_\_

**CLIENT NAME:** \_\_\_\_\_

<b>Date:</b>	<b>Day of Week</b>	<b>Hours Worked</b>	<b>Vac/Holiday/Sick Time</b>
	Saturday		
	Sunday		
	Monday		
	Tuesday		
	Wednesday		
	Thursday		
	Friday		
	Total Hours:		

**Please complete and fax to (205) 313-5830 no later than Monday afternoon following the end of the pay period on Friday.**

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

**Signature of Client:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Supervisor:** \_\_\_\_\_ **Date:** \_\_\_\_\_