ALOHA INTE	RNATIONAL EM	PLOYMENT, INC.	STATUS: (check one) LEMP LEASE		
Submit via email, fax or drop off at any AIE location			Please submit completed timesheet after your last shift for the week,		
Fax: (808) 871-7050 E-mail: timesheets@mauihotjobs.com (all islands)			but no later than 10:00 AM on Monday. Paycheck will be available Friday after 12 PM. AIE's workweek is Monday through Sunday.		
E-mail: timesne	ets@maumotjobs.	Com (an isianos)	Friday after 12 Pi	VI. AIE'S WORKWEEK IS IVI	onday through Sunday.
Namo // act First N	Aiddle leitiel\"			Last 4 digits of Soc	2 Caa #: vvv vv
Name (Last, First, N	viiddie iriitiai).			Last 4 digits of 300	, OEC #.XXX-XX-
Company Name	e:			Supervisor:	
Jobsite Address: Week ending date (Sunday):					
CERTIFIED P	AYROLL/ DAVIS	BACON check her	<u>'е Ц</u>		
Project Name (c	ertified payroll only):	:	Project No:		
Project Location	(certified payroll on	ly):			
Employee Classi	ification <i>(certified pa</i>	yroll only):			
		T	T		
Day	Date	Start Time	End Time	Lunch/break	Total Daily Hours
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					
Sick:	Holiday:	Vacation:	Overtime:	Straight:	*Total Hours:
		ETE &/OR ILLEGIBLE TIME			
Check one:	Bonus 🗌 Commis	ssion 🗌 Tips 🛮 In th	e one time amoun	t of: \$	Check ☐ if paid salary
Notes/Special Insti	ructions:				
*Employee & Supe	rvisor Signatures are ı	required for timesheet to b	e processed.		
*Employee Signatu	ıre:				
Your signature certifies a	pproval of listed hours/ tips & a	acceptance of terms of AIE compens	sation/ payroll policies & guid	elines.	
*Supervisor Signat	ture:			Check	here if assignment has ended
		ptance of terms & conditions of the s	service agreement.		
Check here fo	or change of address	S (Reminder: W-2s will be se	ent to the address we ha	ave on file)	
Liet Name A 1.1					
List New Address:					