



**COWORX STAFFING SERVICES LLC**  
For Retail Selling Specialists on assignment with Chanel, Inc.

Last Name	First Name	M.I.	Week End Date (Saturday)	CoWorx ID#				
Address			Apt #	Telephone Number (    )    -				
City	State	Zip Code	Email Address:					
Indicate the First & Last Name of the appropriate Chanel Retail Manager (please print):								

By signing below, as an employee of CoWorx, I am declaring my time reported reflects true and accurate time worked and includes that I took and recorded all applicable breaks and/or meal periods, pursuant to CoWorx's Break and Meal Period Policy, as they pertain to the state in which I work. I am responsible to comply with the current version of the CoWorx Break and Meal Period Policy, which can be located at <https://coworx.net/forms.asp?id=04253>

Signature:	Date:	Rate Per Hour	Total Hours (less breaks)	Total Amount Due
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This timesheet is to be used for **ONE Sunday through Saturday** week only - The department/counter manager must sign before submitting to CoWorx.  
Please include your focus brand & the name of your Retail Manager in the spaces provided.

Day	Date	Retailer	Door Name	Door #	Focus Value # (one per day)	Hours Worked					Retail Sales Generated					
						Start Time	Break		Stop Time	Total Hours	Dept./Counter Mgr's Signature	Color	Skincare	Woman's Fragrance	Men's Fragrance	OTH
							Start	Stop								
<i>SAMPLE:</i>		<i>Macys</i>	<i>Herald Square</i>	<i>#03</i>	<i>011</i>	<i>10:00</i>	<i>1:00</i>	<i>1:30</i>	<i>6:00</i>	<i>7.5</i>	<i>D. Smith</i>		<i>\$95</i>		<i>\$175</i>	
Sun																
Mon																
Tue																
Wed																
Thu																
Fri																
Sat																
											<b>Total Retail Sales per Brand:</b>	\$	\$	\$	\$	\$

Focus #	Description
001	National
002	3 Axis
003	Fragrance Event
004	Makeup Event
005	Skincare Event
006	Fragrance Visual Week
007	Beauty Visual Week
008	Product Orientation
009	Basic Men's
010	Misc/Other
011	Basic Women's
012	Basic Beauty
013	Budgeted RSS
014	Boutique

\*\*This timesheet must be completed in its entirety & submitted to CoWorx **immediately following your last day worked** or **no later than 2:00 pm EASTERN TIME on Tuesdays**. You **MUST** have the department or counter manager sign the timesheet at the end of each shift. Missing information will cause delays in the processing of your timesheet. CoWorx cannot guarantee that your funds will be available on a regular schedule based on your submission date. After receipt & review of your timesheet, CoWorx will submit to Chanel for approval\*\*

Blank copies of timesheets are available online at <https://www.coworx.net/forms.asp?id=04253>

Upon completion of this timesheet, please submit directly to CoWorx Staffing at:

**Fax number: 1-800-396-7680**  
**EMAIL: [CHTS@coworxstaffing.com](mailto:CHTS@coworxstaffing.com)**

Should you have questions regarding the completion of your timesheet, please contact CoWorx Staffing at 1-800-754-7000, option 1, ext. 6991