INSTRUCTIONS:
1. Use a separate time sheet for each assignment and for each week's work.
2. Leave pink copy with client.
3. Deliver white copy to our office at the end of your work week no later than Monday morning.
4. Be sure to contact our office after each assignment.

COMPANY NAME (PLEASE PRINT)			
ADDRESS		CITY	ZIP
REPORT TO	DEPT.	JOB TITLE	WEEK ENDING / /

I hereby certify that the hours shown were worked by me during the week ending shown above, and were properly certified by an authorized representative of the company named above.

I understand I am to contact the office after completing the Assignment to determine if there is other work available for me. I agree that if I do not contact the office upon completion of an assignment they can assume I am not available for employment.

I certify that if I had a work related injury during this period that I reported the injury in accordance with WorkLink Staffing.

EMPLOYEE NAME (PLEASE PRINT)

EMPLOYEE SIGNATURE

X

EMPLOYEE NOTE: All unsigned time sheets are to be returned to employee without a check. Any alterations will void this time slip. Make out new time slip if you make an error.

DAY	DATE	TIME IN	TIME OUT	LESS LUNCH	REGULAR HOURS	OVERTIME HOURS
MON						
TUE						
WED						
THU						
FRI						
SAT						
SUN						

(HOURS TO NEAREST 1/4 HOUR)

REGULAR	OVERTIME
TOTAL HOURS	

CLIENT NOTE → PLEASE WRITE TOTAL HOURS WORKED IN WORDS HERE.

MINIMUM: 4 HOURS PER EMPLOYEE PER DAY

IMPORTANT FOR CLIENT: Execution of this form by the client constitutes a certification that the TOTAL hours listed are correct as stated, that the work was performed in a satisfactory manner and agreement by the Client to the TERMS and CONDITIONS printed on the reverse side of this form. PLEASE DO NOT ADVANCE MONIES TO EMPLOYEES.

CLIENT SIGNATURE OF ACCEPTANCE	PRINT NAME
X AUTHORIZED SIGNATURE	PLEASE PRINT NAME HERE
TITLE	PHONE NO. EXT.

SEE INSTRUCTIONS AND TERMS ON REVERSE SIDE

WHITE - Accounting YELLOW - Employee Copy PINK - Client Copy