

**EMPLOYEE: I CERTIFY THAT THE TIME SHOWN HEREON REPRESENTS THE TOTAL TIME WORKED THIS WEEK BY ME, AND WERE PROPERLY VERIFIED BY THE CLIENT, AND THAT I SUFFERED NO INJURIES.**

CUSTOMER NAME:

JOB SITE:

REPORT TO:

**CLIENT NOTE: YOUR SIGNATURE REPRESENTS THAT YOU ARE IN AGREEMENT WITH ALL THE TERMS AND CONDITIONS ON FRONT AND REVERSE SIDE HEREOF AND THAT THE TIME SHOWN ABOVE IS CORRECT AND THE WORK WAS COMPLETED SATISFACTORILY.**

PLEASE VERIFY HOURS IN WRITING:

CUSTOMER SIGNATURE

FI	MI	LAST NAME				SOCIAL SECURITY NUMBER			
EMPLOYEE SIGNATURE						WEEK ENDING DATE (SUN)		TIME CARD NUMBER	
						MONTH	DAY	0229	
DAY	TIME IN	TIME OUT	LESS LUNCH PERIOD	REGULAR HOURS	OT HOURS	OFFICE USE ONLY			
MON						OFFICE #	PO #		
TUES						CLIENT #	SKILL		
WED						TOTAL HOURS	OT HOURS		
THURS						PR	BR		
FRI						OTHER PAY			
SAT						OTHER DEDUCT			
SUN						<b>ALTERNATIVE STAFFING, INC.</b>			
USE NEAREST QUARTER HOUR FOUR (4) HOUR MINIMUM PER DAY				TOTAL HOURS					

(WHITE, GREEN) ACCOUNTING

(YELLOW) OFFICE

(PINK) CUSTOMER

(GOLDENROD) EMPLOYEE