

USE BALL POINT PEN-PRESS FIRMLY
CHECK COPIES FOR CLARITY



360 Route 101, Building 14C
Bedford, NH 03110
(603) 647-5300
FAX 669-0278

Pick Up Direct Deposit
 Mail

WEEK ENDING SATURDAY
Month Day Year
 / /

CLIENT COMPANY

REPORT TO

EMPLOYEE NAME

Are you returning to this assignment? YES NO

I will be available for a new assignment beginning / /

Use a separate card for each assignment and for each week worked

DAY & DATE	START TIME	FINISH TIME	TIME OFF	TOTAL HOURS	
				REGULAR	OVERTIME
SUNDAY /					
MONDAY /					
TUESDAY /					
WEDNESDAY /					
THURSDAY /					
FRIDAY /					
SATURDAY /					

TOTAL HOURS TO NEAREST 1/4 HOUR
TWO HOUR MINIMUM PER DAY

NOTE: CLIENT MUST INITIAL FOR OVERTIME

I certify that the hours shown above represent my total hours worked on this assignment during the week, and that they were verified by the client or by an authorized representative.

EMPLOYEE SIGNATURE

I certify that the above hours are correct, that the work was done in a satisfactory manner and agree to the terms and conditions on reverse hereof.

CLIENT AUTHORIZED SIGNATURE

1. WHITE ORIGINAL - BARCLAY TEMPORARIES
2. YELLOW COPY - CLIENT
3. PINK COPY - EMPLOYEE