



TALENTHUB

Workforce Inc.

295 Madison Avenue
New York, NY 10017
t+1 (332) 345-9060

Employee's Name
Please Print _____

Week Ending Sunday / /

FIRM _____

ADDRESS _____ DEPT. _____

TEMP, PLEASE FILL OUT:

Status: Assignment is Continuing I am Available
 Assignment is Completed I am Not Available

Check one: Pick up check Mail check

EMPLOYEE'S SIGNATURE _____

YOUR SIGNATURE CONSTITUTES ACCEPTANCE IN FULL OF THE TERMS AND CONDITIONS ON REVERSE SIDE

INSTRUCTIONS FOR CLIENT:

1. Your signature attests to the accuracy of the total hours indicated.
2. Time and one-half will be billed for all hours over 40 during the work week.

SUPERVISOR'S SIGNATURE _____

YOUR SIGNATURE CONSTITUTES ACCEPTANCE IN FULL OF THE TERMS AND CONDITIONS ON REVERSE SIDE

SUPERVISOR'S NAME (PRINT) _____

SUPERVISOR, PLEASE WRITE OUT HOURS _____

DATE	DAY	TIME IN	TIME OUT	LESS LUNCH	TOTAL REG. HRS	TOTAL OT
	MONDAY					
	TUESDAY					
	WEDNESDAY					
	THURSDAY					
	FRIDAY					
	SATURDAY					
	SUNDAY					
TOTAL HOURS WORKED TO NEAREST ¼ HOUR						

WHITE - CUSTOMER

GREEN - REMITTANCE

CANARY - FILE

PINK - OFFICE

GOLDENROD - TEMP