

CLIENT CONTRACT

EMPLOYEE TIME SHEET

MUST BE RETURNED TO ASSURED BY MONDAY 5:00 PM

OFF NO.	WEEK ENDING SATURDAY	SOCIAL SECURITY NUMBER				EMPLOYEE LAST NAME	FIRST	MIDDLE
	DATE	TIME STARTED	TIME FINISHED	LESS LUNCH	HOURS WORKED	EMPLOYEE ADDRESS (STREET OR P.O.)		
SUN						CITY	STATE	ZIP CODE
MON						CLIENT COMPANY NAME		
TUE						EMPLOYEES WORKING AT MORE THAN ONE COMPANY DURING THE WEEK (SUNDAY-SATURDAY) MAY NOT HAVE HOURS EXCEEDING 40 EXCEPT WITH ASSURED STAFFING'S PERMISSION. ARE YOU RETURNING? <input type="checkbox"/> YES <input type="checkbox"/> NO		
WED						EMPLOYEE CERTIFIES NO ACCIDENT OR INJURY WAS SUSTAINED WHILE WORKING ON THE ASSIGNMENT.		
THU						I CERTIFY THAT I HAVE WORKED THE HOURS LISTED ON THIS TIME SHEET AND WILL NOTIFY BY PHONE OR MAIL ASSURED WITHIN 48 HOURS OF THE END OF EACH ASSIGNMENT. IF I FAIL TO DO SO, ASSURED MAY ASSUME THAT I HAVE VOLUNTARILY QUIT AND AM NOT AVAILABLE FOR EMPLOYMENT.		
FRI								
SAT								

TOTAL HOURS FOR WEEK TO NEAREST QUARTER HOUR
4 HOUR MINIMUM ASSIGNMENT

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CLIENT APPROVAL/AGREEMENT

CLIENT AGREES THAT ITS UTILIZATION OF THE ABOVE NAMED ASSURED EMPLOYEE HAS BEEN MADE AVAILABLE AS A RESULT OF THE TEMPORARY PERSONNEL SERVICE RENDERED BY ASSURED STAFFING.

CLIENT CERTIFIES THAT THE ABOVE HOURS WORKED ARE CORRECT AND THAT ALL WORK WAS PERFORMED IN A SATISFACTORY MANNER. CLIENT'S SIGNATURE BELOW CONSTITUTES ACCEPTANCE OF THE TERMS AND CONDITIONS IDENTIFIED ON THE REVERSE OF YELLOW COPY.

CLIENT SIGNATURE	TITLE
X	

CLIENT NAME (Please Print)	DATE SIGNED

DIVISION OR DEPT. _____ EXT. _____

EMPLOYEE SIGNATURE x _____

Timeslips must be turned in within 60 days to be valid for payroll.

FAX YOUR TIME SHEET ONLY TO YOUR LOCAL OFFICE.

CRYSTAL LAKE	815-459-8450
LAKE GENEVA	262-248-4478
ROCKFORD	815-397-6625

EMPLOYEE INSTRUCTIONS

1. PRESS HARD - YOU ARE MAKING COPIES
2. BE SURE TO INCLUDE YOUR S.S. NUMBER
3. BE SURE TO GET SUPERVISOR'S SIGNATURE
4. LEAVE YELLOW COPY WITH CLIENT

1. ORIGINAL - HOME OFFICE COPY
2. **YELLOW - CLIENT COPY**
3. PINK - EMPLOYEE COPY