

Company Name: _____

Location: _____



I hereby certify that the hours shown hereon were worked by me during the week ending designated, and were certified by an authorized representative of the Customer. I understand that I am to contact Your People Professionals office after completing this assignment, and, if I do not do so, Your People Professionals may assume that I am not then available for work.

Employee Name: _____ **Employee ID#:** _____

Employee Signature: _____ **Address New?** Yes No

NEW ADDRESS: _____

Day	Date	Time In	Time Out	Time In	Time Out	Reg Hours	OT Hours	Total Hours
Monday	/ /							
Tuesday	/ /							
Wednesday	/ /							
Thursday	/ /							
Friday	/ /							
Saturday	/ /							
Sunday	/ /							
Week Ending Date (Sunday):	/ /				Total hours for week:			

Assignment Completed?: Yes _____ No _____ Four hour minimum billed per employee per day

Customer Approval: _____

Cross out any days not worked by employee. Your signature below authorized us to pay our employee and bill your company for the number of hours above, and your agreement to the terms on the reverse side.

X _____

Customer understands that the services provided by Your People Professionals are made possible by an investment in advertising & testing. Therefore, in consideration for this service being made available to us, we agree that the above named employee will not be placed on our payroll without first contacting Your People Professionals to determine the liquidated damages that will be owed Your People Professionals.

Being duly authorized on behalf of the above client, the undersigned hereby certifies that, except as set forth in the Exception below: (i) the above hours for the individual set forth on the front of this card ("Employee") are correct and the work during this time period was performed in a satisfactory manner; (ii) it has not paid or promised to pay Employee any amounts, and that this employee has not provided any services to or for Client, other than as set forth on this time card or previous time cards; (iii) it has no knowledge of any injuries to Employee, or complaints or mention of injury, or complaints or mention of nay wrongful treatment by Client or any Client's personnel, made by Employee during this time period or at any other time; (iv) all complaints or problems with Employee's services during this pay period are set forth below, and that if none are set forth below, none occurred. _Exceptions, incidents, and comments to report for this pay period; _____.

Please keep a copy of this time slip to verify and keep with our invoice