TALENT TREE *Staffing Services*

Document ID:

Please completely fill in the bubbles like this example: ● **Not like this:** ⊗ ✓

Assignment Number:

Social Security Number:

Check Handling Code:

OR

○ Fill in if check is to be mailed.

For branch use only

○ Pay Only OR ○ Bill Only

Date Worked mo	da	yr	Shift Number 1 2 3	IN	OUT	LESS LUNCH	TOTAL		Hours Worked 1 2 3 4 5 6 7 8 9 10 11 12 13 14	¼ ½ ¾
/	/	0 7	○○○					Reg	○○○○○○○○○○○○○○	○○○
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Total Reg. Hours	10	20	30	40	50	60	70	¼ ½ ¾
	○	○	○	○	○	○	○	○○○
	1	2	3	4	5	6	7	8 9
	○	○	○	○	○	○	○	○○

Total O.T. Hours	10	20	30	40	50	60	70	¼ ½ ¾
	○	○	○	○	○	○	○	○○○
	1	2	3	4	5	6	7	8 9
	○	○	○	○	○	○	○	○○

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I certify that I worked the hours shown on this card on the days indicated and that this card has been certified by a person that I believe is an authorized representative of the Client. I will contact Talent Tree after completing this assignment, and I understand that, if I do not do so, Talent Tree will assume that I am unavailable for work. I acknowledge that notices pertaining to my employment are posted at Talent Tree's office.

As the Client authorized representative, I certify that the temporary employee's hours shown on this time sheet are correct and that the work was performed satisfactorily. I also confirm the Client's agreement to the terms stated on the reverse side of this form.

Employee Name: _____ Customer Name: _____

Employee Signature: _____ Customer Signature: _____

This timesheet MUST be in Talent Tree's office by 12:00 NOON Monday in order to receive a paycheck the following Friday.