

TIME SLIP MUST BE SUBMITTED NO LATER THAN 12 NOON EACH MONDAY

DAY	DATE MM/DD	START TIME	END TIME	LESS MEAL TIME	TOTAL HOURS
MON					
TUE					
WED					
THUR					
FRI					
SAT					
SUN					
TOTAL HOURS					



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SUNDAY WEEK ENDING	MONTH	DAY	YEAR
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EMPLOYEE NOTE: I hereby certify that the hours shown were worked by me during the week ending shown above, and were properly certified by an authorized representative of the company named below. I understand that I am to contact the office upon completing the assignment to determine if there is other work available for me. I agree that if I do not contact the office upon completion of an assignment it can assume I am not available. All unsigned timeslips will be returned to employee without a check. Any unauthorized alterations will void this time slip.

EMPLOYEE NAME (PLEASE PRINT)

FIRST M.I. LAST NAME

EMPLOYEE SIGNATURE

X

COMPANY NAME (PLEASE PRINT)

COMPANY ADDRESS

EMP. JOB TITLE

DEPT

CLIENT NOTE: MINIMUM 4 HOURS PER DAY Execution of this form by the client is a final agreement that the TOTAL hours listed on this form are correct and that the work was performed in a satisfactory manner.

CLIENT SIGNATURE OF ACCEPTANCE

X AUTHORIZED SIGNATURE

PRINT NAME

Pick Up Check Mail

Note: If you do not check a box above your paycheck will automatically be mailed to your home address.