**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 |
|---|---|---|---|---|

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.**