

NAME _____

YOUR SOCIAL SECURITY NUMBER				WEEK BEGINNING MONDAY	MO	DAY	YR
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	MON.		TUES.		WED.		THURS.		FRI.		SAT.		SUN	
	HRS	MIN	HRS	MIN	HRS	MIN	HRS	MIN	HRS	MIN	HRS	MIN	HRS	MIN
TIME IN														
LUNCH OUT														
LUNCH IN														
TIME OUT														
TOTAL HOURS														



**TOTAL HOURS WORKED
ROUND TO THE NEAREST
QUARTER HOUR**

STRAIGHT TIME		OVERTIME	
HRS.	MIN.	HRS.	MIN.

SUPERVISOR'S SIGNATURE

TITLE

COMPANY NAME

Customer agrees that use of the above named candidate on either a temporary or permanent basis within one year from above date will be through People Resources, Inc. If the customer desires to hire an employee on a permanent basis or refers them to another company resulting in temporary or permanent employment, customer agrees to pay People Resources, Inc. 's current standard fee for permanent employment. Should it become necessary, customer is responsible for paying any and all collection costs.

FAX NO. 350-0066 (Every Friday)