

Buckley

STAFFING

PO BOX 7603
 NEW YORK, N.Y. 10150
 PHONE (212) 344-9111
 FAX (917) 591-6308

Use a ballpoint pen.
 Please Print.

CLIENT NAME		WEEK ENDING SUNDAY			
ADDRESS		CITY		NY	
JOB TITLE		JOB NUMBER			
AVAILABLE FOR WORK?		SOCIAL SECURITY NO.		DAY	
YES <input type="checkbox"/>	NO <input type="checkbox"/>	WHEN AVAILABLE?		START	FINISH
				(LUNCH)	REG. HOURS
EMPLOYEE MUST FILL IN BELOW		EMPLOYEE NAME		MON	
<input type="checkbox"/> MAIL MY CHECK	<input type="checkbox"/> HOLD MY CHECK			TUES	
EMPLOYEE: I CERTIFY THAT THE HOURS SHOWN HEREON REPRESENT THE TOTAL HOURS WORKED THIS WEEK BY ME, AND WERE PROPERLY VERIFIED BY THE CLIENT.		EMPLOYEE SIGNATURE		WED	
		X		THU	
CLIENT: YOUR SIGNATURE BELOW REPRESENTS THAT YOU ARE IN AGREEMENT WITH ALL THE TERMS AND CONDITIONS ON FRONT AND REVERSE SIDES HEREOF AND THAT THE HOURS SHOWN ARE CORRECT AND THE WORK WAS SATISFACTORILY COMPLETED.		CLIENT		FRI	
CLIENT'S AUTHORIZED SIGNATURE		TITLE		SAT	
X				SUN	
AUTHORIZED BY: (PLEASE PRINT NAME)		IS THIS EMPLOYEE CONTINUING THIS ASSIGNMENT?		REGULAR Overtime(40+)	
		<input type="checkbox"/> YES <input type="checkbox"/> NO		HOURS	MIN
				HOURS	MIN
				TOTAL HOURS	
				TOTAL HOURS	

OFFICE COPY