

# 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	NO	WHEN AVAILABLE?			DATE
<input type="checkbox"/>	<input type="checkbox"/>				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.				FRI	
CLIENT'S AUTHORIZED SIGNATURE		TITLE		SAT	
X				SUN	
AUTHORIZED BY: (PLEASE PRINT NAME)		IS THIS EMPLOYEE CONTINUING THIS ASSIGNMENT?		CLIENT	
		<input type="checkbox"/> YES <input type="checkbox"/> NO		REGULAR	
				Overtime(40+)	
				HOURS MIN HOURS MIN	
				TOTAL HOURS	
				TOTAL HOURS TO NEAREST QUARTER HOUR. MINIMUM FOUR (4) HOURS PER EMPLOYEE PER DAY.	

OFFICE COPY