



WEEKLY TIME SLIP

Instructions to Employee

1. Complete all sections of Time Slip.
2. Have client sign and retain yellow copy.
3. Retain a copy for your records.
4. Fax copy at the end of every week.

YOUR NAME _____

CLIENT _____

SOCIAL SECURITY # X X X - X X - ____

Week Ending ____ / ____ / ____

Classification _____

DAY <small>M,T,W,T,F,S,S</small>	DATE	UNIT WRKD	TIME IN	MEAL BREAK	TIME OUT	TOTAL REG TIME	TOTAL OV TIME	SIGNATURE	TOTAL HOURS WORKED <small>(ROUND TO THE NEAREST QUARTER HOUR)</small>	
									REGULAR TIME	
									HOURS	MINUTES
									OVERTIME	
									HOURS	MINUTES
									OVERTIME APPROVED BY CLIENT YES <input type="checkbox"/> NO <input type="checkbox"/>	

COMMENTS

I CERTIFY THAT NO ACCIDENT OR INJURY WAS SUSTAINED BY ME WHILE WORKING ON THE ASSIGNMENT UNLESS SO NOTED ABOVE. I CERTIFY THAT THE HOURS SHOWN ABOVE REPRESENT MY TOTAL HOURS WORKED ON THIS ASSIGNMENT, AND THAT THEY WERE PROPERLY VERIFIED BY THE CLIENT'S AUTHORIZED REPRESENTATIVE.

I CERTIFY THAT THE HOURS SHOWN ABOVE ARE CORRECT AND WORK WAS PERFORMED IN A SATISFACTORY MANNER.

EMPLOYEE SIGNATURE

CLIENT SIGNATURE