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Temporary Time Sheet

NAME [PLEASE PRINT]:	LAST FOUR DIGITS OF SOCIAL SECURITY#:	WEEK ENDING SATURDAY:
ADDRESS:	MAIL CHECK <input type="checkbox"/> PICK UP CHECK <input type="checkbox"/> DIRECT DEPOSIT <input type="checkbox"/>	ARE YOU RETURNING TO THIS ASSIGNMENT? YES <input type="checkbox"/> NO <input type="checkbox"/>

ENTER TIME TO NEAREST ¼ HOUR	TIME IN	LUNCH OUT	LUNCH IN	TIME OUT	TOTAL STRAIGHT TIME	TOTAL OVERTIME
Sunday ___/___/2016						
Monday ___/___/2016						
Tuesday ___/___/2016						
Wednesday ___/___/2016						
Thursday ___/___/2016						
Friday ___/___/2016						
Saturday ___/___/2016						

It is understood and agreed by and Client to whom temporaries are assigned to perform services as follows:

Temporary persons assigned to Client are employees of . In the event of permanent hire by Client, normal permanent fees based on the annual starting salary will apply.

TOTAL STRAIGHT HOURS: _____

TOTAL OVERTIME HOURS: _____

CLIENT NAME: _____ OVERTIME AUTHORIZATION SIGNATURE _____

SUPERVISOR/AUTHORIZED SIGNATURE _____ (FOUR (4) HOUR MINIMUM PER DAY FOR EACH TEMPORARY)