






180 N. Michigan Avenue, Suite 620  
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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 ___/___/2024						
Monday ___/___/2024						
Tuesday ___/___/2024						
Wednesday ___/___/2024						
Thursday ___/___/2024						
Friday ___/___/2024						
Saturday ___/___/2024						

**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)