



EMPLOYER: _____
 STREET: _____
 CITY: _____ STATE _____ ZIP _____
 OFFICE TELEPHONE: _____
 EMPLOYEE: _____ *(Circle if New) NEW ADDRESS*
 STREET: _____
 CITY: _____ STATE _____ ZIP _____

DATE WORKED:	MON / /10	TUES / /10	WED / /10	THUR / /10	FRI / /10	SAT / /10	
START TIME:							
LUNCH: (OUT)							
LUNCH: (IN)							
FINISH TIME:							TOTAL HOURS
DAILY TOTAL HOURS:							

I, the undersigned, certify that the hours shown above represent the total time worked on this assignment during the week indicated. I understand that I must return this signed form upon completion of assignment. **BOTH SIGNATURES MUST BE PRESENT FOR PAYROLL PROCESSING.**

X Employee's Signature: _____

I, the undersigned, certify that the hours shown above are correct and will be billed for said hours. The temp performed satisfactory.

X EMPLOYER'S Signature: _____

"Please use the conversion chart below when figuring fractions of hours"

5 Minutes = .08	20 Minutes = .33	35 Minutes = .58	50 Minutes = .83
10 Minutes = .17	25 Minutes = .42	40 Minutes = .67	55 Minutes = .92
15 Minutes = .25	30 Minutes = .50	45 Minutes = .75	

IT IS THE TEMP'S RESPONSIBILITY TO FAX THE TIME SHEET & GIVE ORIGINAL TO THE OFFICE MANAGER OR DR FOR TAX RECORDS AND A COPY IS FOR TEMP'S TAX RECORDS.

Fax before leaving assignment to: 678-775-6842

6340 Sugarloaf Parkway, Suite 200, Duluth, GA 30097 (O) 678-775-6841