

ASSIGNMENT INFORMATION

 CLIENT NAME
 ADDRESS
 REPORT TO:

 CITY
 DEPT
 TIME

COMPANY/CLIENT NAME		WEEK ENDING DATE: / /	
ADDRESS		CITY	
JOB TITLE		JOB NUMBER	
AVAILABLE FOR WORK? WHEN: / /	ENTER ONLY THE LAST FOUR DIGITS OF YOUR SOCIAL SECURITY NO.		
EMPLOYEE: I CERTIFY that the hours shown represent the total hours worked by me this week, and that I have not had any work related injuries or illnesses that have not been reported to my supervisor.		MAIL CHECK <input type="checkbox"/>	HOLD CHECK <input type="checkbox"/>
EMPLOYEE SIGNATURE X	EMPLOYEE NAME (PLEASE PRINT)		
CLIENT: Your signature represents that you are in agreement with all the terms and conditions on front and reverse side hereof and that the hours shown are correct and the work was completed in a satisfactory manner.			
AUTHORIZED SIGNATURE: X		TITLE:	
CLIENT NAME (PLEASE PRINT)		IS THIS EMPLOYEE CONTINUING THIS ASSIGNMENT?	YES <input type="checkbox"/> NO <input type="checkbox"/>

CONTEMPORARY STAFFING, INC.
 508 Hadrian Lane
 FT. Washington, MD. 20744
 Fax: 301-292-0460 • Telephone: 301-292-9614

DAY	DATE	HOURS WORKED TO NEAREST QUARTER HOUR						
		START	FINISH	(LUNCH)	REG. HOURS	O.T. HOURS		
MON								
TUES								
WED								
THU								
FRI								
SAT								
SUN								
CLIENT					REG. HOURS	O.T. HOURS		
WRITE TOTAL HOURS WORKED (IN WORDS) HERE					HOURS	MIN.	HOURS	MIN.
TOTAL HOURS TO NEAREST QUARTER HOUR MINIMUM 4 HOURS PER EMPLOYEE PER DAY					TOTAL HOURS WORKED			