



180 INTERSTATE N. PARKWAY S.E., STE 180 ~ ATLANTA, GA 30339
PHONE:(770)612-0088 • FAX:(770)612-0089

COMPANY NAME		WEEK ENDING SUNDAY	
ADDRESS		CITY	
HOME PHONE			
EMPLOYEE NAME		HOLD MY CHECK <input type="checkbox"/>	MAIL MY CHECK <input type="checkbox"/>
SOCIAL SECURITY NUMBER		DIRECT DEPOSIT <input type="checkbox"/>	
EMPLOYEE SIGNATURE		AVAILABLE FOR WORK?	YES <input type="checkbox"/> NO <input type="checkbox"/>
X		WHEN AVAILABLE?	

IMPORTANT FOR EMPLOYEE: BY EXECUTING THIS FORM, EMPLOYEE AGREES TO TERMS AND CONDITIONS ON REVERSE SIDE; CERTIFIES THAT THIS FORM IS TRUE AND ACCURATE, AND THAT NO INJURIES WERE SUFFERED.

DAY	DATE	HOURS TO NEAREST QUARTER HOUR				
		STARTED	FINISHED	LESS LUNCH	REG HOURS	O.T. HOURS
MON						
TUES						
WED						
THURS						
FRI						
SAT						
SUN						

PLEASE DRAW LINES THROUGH DAYS NOT WORKED

MINIMUM FOUR (4) HOURS PER EMPLOYEE PER DAY*	REGULAR	OVERTIME

CLIENT: PLEASE WRITE TOTAL HOURS IN WORDS TO NEAREST QUARTER HOUR ABOVE

PLEASE PRINT NAME (CLIENT)	TITLE
AUTHORIZED SIGNATURE (CLIENT)	IS THIS EMPLOYEE CONTINUING THIS ASSIGNMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO
X	

IMPORTANT FOR CLIENT: BY EXECUTION OF THIS FORM, CLIENT CERTIFIES THAT: HOURS SHOWN ARE CORRECT; WORK WAS DONE SATISFACTORILY; AND THAT CLIENT AGREES TO THE TERMS AND CONDITIONS ON THE REVERSE SIDE OF THIS FORM. PLEASE DRAW LINE THROUGH UNUSED SPACES ABOVE.