

ASSIGNMENT
INFORMAT

ADDRESS	CITY
REPORT TO:	TIME DEPT.

TA-1

APPERSON PRINT RESOURCES

CALL 800.438.0162

Staffing Team, Inc.
 2835 N. Sheffield, Suite 238
 Chicago, IL 60657

TEL: 773-880-8849
 FAX: 312-650-8997
 www.staffingteam.com

COMPANY NAME	WEEK ENDING SUNDAY
ADDRESS	CITY

EMPLOYEE NAME	HOLD MY CHECK <input type="checkbox"/> MAIL MY CHECK <input type="checkbox"/>
SOCIAL SECURITY NUMBER	DIRECT DEPOSIT <input type="checkbox"/>
EMPLOYEE SIGNATURE X	AVAILABLE FOR WORK? YES <input type="checkbox"/> NO <input type="checkbox"/>
	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						
THUR						
FRI						
SAT						
SUN						

PLEASE DRAW LINES THROUGH DAYS NOT WORKED

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

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

TOTAL HOURS

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

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.