25	ADDRESS			CITY			
ASSIG	REPORT TO:		TIM	1E	DEPT.		
TA-1		APPERSON I	PRINT RESOU	RCES	CALL	800.438.0162	
2	Staffin 835 N. Shef Chicago, IL 6	g Tean field, Suite :	n, Inc.	FAX:	773-880-8 312-650-8 staffingtea	997	
COM	PANY NAME				WEEK END	NG SUNDAY	
						11 764	
ADDRI	ESS		d-MeX		CITY	RUGH I	
	1 1250		To I Mean Series	The street is a		TOTAL TOTAL	
EMPLOYEE NAME					HOLD MY MAIL MY CHECK CHECK DIRECT DEPOSIT		
SOCIA	L SECURITY	NUMBER			AVAILABLE	YES	
196			100	A 12	FOR WORK?	NO	
EMPL(DYEE SIGNAT	URE			WHEN AVA	ILABLE?	
CONDIT		PLOYEE: BY EXERSE SIDE; CERRE SUFFERED.					
			RTER HOUR				
DAY	DATE	STARTED	FINISHED	LESS LUNCH	REG HOUR	S O.T. HOURS	
MON			TOTAL D				
TUES	de arronne made yezh	PLEA	SE D	RAW	INES	3	
WED		TH	ROUG	aH DA	YS		
THUR		N	OT W	ORKE	D		
FRI	ns Meirodan						
SAT		7 (60)	ganding				
SUN				Amil I	1.01		
MINI	NUM FOUR (4) HOURS PE	R EMPLOYE	E PER DAY*	REGULAF		
					HRS MIN	HRS MIN	
CLIENT: PLEASE WRITE TOTAL HOURS IN WORDS 1 TO NEAREST QUARTER HOUR ABOVE					TOTAL		
PLEASE PRINT NAME (CLIENT)					TITLE		
AUTHORIZED SIGNATURE (CLIENT)					IS THIS EMPLOYEE YES CONTINUING THIS ASSIGNMENT?		
SHOWN	ARE CORRECT	ENT: BY EXEC I; WORK WAS D NS ON THE REV E.	ONE SATISFAC	TORILY: AND TH	HAT CLIENT A	GREES TO THE	

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WHSE. NO. 60010 REV. 8/96