

CARLTON STAFFING

making connections that work!

EMPLOYEE NAME: _____

WEEK ENDING DATE: _____

CLIENT: _____

		MON	TUE	WED	THU	FRI	SAT	SUN	TOTAL
		Date _____	Date _____	Date _____	Date _____	Date _____	Date _____	Date _____	HOURS
Start Time									
Lunch									
End Time									
Total Hours	Regular								
	OT								

EMPLOYEE STATEMENT: I hereby certify that the hours recorded above are correct. When my assignment is complete, I will notify Carlton Staffing immediately if I wish to be placed on further assignments. I understand that failure to contact Carlton Staffing may be a factor in determining my eligibility for unemployment benefits. I certify that I sustained no injuries and was not involved in any accidents while working on my assignment for this pay period unless noted as follows: _____ . I have notified Carlton Staffing of any such injuries.

IS THIS ASSIGNMENT COMPLETE? YES NO

EMPLOYEE SIGNATURE: _____

DATE: _____

CLIENT APPROVAL: It is understood that the undersigned is an authorized representative of the Client, and hereby certifies that the above hours are correct and that the work was performed to your satisfaction. If Client desires to hire this person on a direct basis, it is agreed that notification will be given to Carlton Staffing and the Carlton Staffing employee will remain on payroll for a period of time designated by Carlton Staffing or the Client will pay a conversion fee.

CLIENT SIGNATURE & TITLE: _____

DATE: _____