

180 INTERSTATE N. PARKWAY S.E., STE 180 ~ Atlanta, GA 30339

COMPANY N	NAME				WEEK END	ING SUNDAY
						2017
ADDRESS					CITY	
HOME PHON	E					
EMPLOYEE NAME					HOLD MY	MAIL MY CHECK
						DEPOSIT
					AVAILABLE FOR WORK?	□YES □NO
EMPLOYEE SIGNATURE X					WHEN AVAILABLE?	
IMPORTANT F				PLOYEE AGREES		
SUFFERED.	SIDE, CERTIFIES	THAT THIS FOR	M IS TRUE AND	ACCURATE, AND	THAT NO INJUI	RIES WERE
DAY	DATE	HOURS TO NEAREST QUARTER HOUR				
		STARTED	FINISHED	LESS LUNCH	REG HOURS	O.R. HOURS
MON						
TUES						
WED						
THURS						
FRI						
SAT						
SUN						
MINIM	IUM FOUR (4)	HOURS PER E	MPLOYEE PE	R DAY*	REGULAR	OVERTIME
	ASE WRITE TO		,			
PLEASE PRINT NAME (CLIENT)					TITLE	
AUTHORIZED SIGNATURE (CLIENT)					IS THIS EMPLOYEE	
X					CONTINUING THIS SESSIGNMENT? SOLO	

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 SPACE ABOVE.