- 1. Use a separate time sheet for each assignment and for each week's work.
- 2. Leave green copy with client.
 3. Mail white, blue and yellow copies to our office no later than ≠riday evening.
 4. Be sure to contact our office after each assignment.

SOCIAL SECURITY NUMBER ARE YOU RETURNING TO THIS ASSIGNMENT? MINIMUM: 4 HOURS PER EMPLOYEE PER DAY IMPORTANT FOR CLIENT: Execution of this form by the client constitutes a certification that the TOTAL hours listed are correct as stated, that the work was performed in a satisfactory manner and agreement by the Client to the TERMS and CONDITIONS printed on the reverse side of this form. PLEASE DO NOT ADVANCE MONIES TO EMPLOYEES. CLIENT PRINT NAME CLIENT SIGNATURE OF ACCEPTANCE X AUTHORIZED SIGNATURE DO NOT WRITE BELOW THIS LINE (FOR OFFICE USE ONLY) SOCIAL SECURITY NUMBER CLIENT NO. PURCHASE ORDER NO. VOUCHER NO. VOUCHER AMT. SP. CODE CO, CD, DESCRIPTION SPB SPP		WASHIN	YE STE	REET, NW 620 DC 2000	The second	
REPORT TO DEPT. JOB TITLE WEEK ENDING DAY DATE TIME IN TIME OUT LESS TOTAL LUNCH HOURS MON. TUES. WED. TOTAL HOURS (IN WORDS) HOURS TO NEAREST SHOULD HOURS A SIGNMENT ON TOTAL HOURS A SIGNMENT OF THE NEW HOURS TO THE NEW HOURS TO NEAREST SHOULD HOURS TO THE NEW HOURS TO THE NEW HOURS HOUR HOURS TO NEAREST SHOULD HOUR HOURS TO NEAREST SHOULD HOUR HOURS HOUR HOURS TO NEAREST SHOULD HOUR HOURS HOUR HOUR HOUR HOUR HOURS HOUR HOUR HOUR HOUR HOUR HOUR HOUR HOUR	COMPANY NAM	ME (PLEASE PRINT)	HO!	70.1		
DAY DATE TIME IN TIME OUT LESS TOTAL HOURS MON. TUES. WED. THURS: TOTAL HOURS (IN WORDS) HOURS TO NEAREST NAMOUR I hereby certified by an authorized representative of the company named above. I understand I am to contact the office after completing the Assignment to determine if there is other work available for me. I agree that if do not contact the office upon completion of an assignment they can assume I am not available. EMPLOYEE NAME (PRINT) EMPLOYEE SIGNATURE ARE YOU RETURNING YES INVILLE BE AVAILABLE FOR A NEW ASSIGNMENT ON THIS INFO A DATE MINIMUM: 4 HOURS PER EMPLOYEE PER DAY IMPORTANT FOR CLIENT. Execution of this form by the client constitutes a certification that and the TOTAL hours listed are cornoct as stated, that the work may be performed it a satisfaction of this form by the client constitutes a certification that the TOTAL hours listed are cornoct as stated, that the work may be performed in a satisfaction of this form. PLEASE DO NOT ADVANCE MONIES TO EMPLOYEES. CLIENT PRINT NAME CLIENT PRINT NAME CLIENT SIGNATURE DO NOT WRITE BELOW THIS LINE (FOR OFFICE USE ONLY) SOCIAL SECURITY NUMBER ONLY O	ADDRESS	ANS SHIT AS OR	E GRAIN	G BS JUW G	CITY	CU PRUCIE
DAY DATE TIME IN TIME OUT LESS TOTAL HOURS MON. TUES. WED. THURS: TOTAL HOURS (IN WORDS) HOURS TO NEAREST NAMOUR I hereby certified by an authorized representative of the company named above. I understand I am to contact the office after completing the Assignment to determine if there is other work available for me. I agree that if do not contact the office upon completion of an assignment they can assume I am not available. EMPLOYEE NAME (PRINT) EMPLOYEE SIGNATURE ARE YOU RETURNING YES INVILLE BE AVAILABLE FOR A NEW ASSIGNMENT ON THIS INFO A DATE MINIMUM: 4 HOURS PER EMPLOYEE PER DAY IMPORTANT FOR CLIENT. Execution of this form by the client constitutes a certification that and the TOTAL hours listed are cornoct as stated, that the work may be performed it a satisfaction of this form by the client constitutes a certification that the TOTAL hours listed are cornoct as stated, that the work may be performed in a satisfaction of this form. PLEASE DO NOT ADVANCE MONIES TO EMPLOYEES. CLIENT PRINT NAME CLIENT PRINT NAME CLIENT SIGNATURE DO NOT WRITE BELOW THIS LINE (FOR OFFICE USE ONLY) SOCIAL SECURITY NUMBER ONLY O	SHIT YAC	LIJUR A MRIGAY BULLO 2 JANUARO	CHOY BA	ASSICNED.	BRA LICY N	CHINGY CHANGE
MON. TUES. WED. THURS: SAT. SUN. TOTAL HOURS (IN WORDS) HOURS TO NEAREST NATIONAL HOURS (IN WORDS) NEAREST NATIONAL HOURS (IN WORDS) Hours to near the hours shown were worked by me during the week ending shown above, and were properly certified by an authorized representative of the company named above. I understand I am to contact the other after completing the Assignment to determine if there is other work available of me, I agree that if do not contact the office upon completion of an assignment they can assume I am not available. EMPLOYEE NAME (PRINT) EMPLOYEE SIGNATURE ARE YOU RETURNING TO A NAME (PRINT) MINIMUM: 4 HOURS PER EMPLOYEE PER DAY INFORTANT FOR CLIENT, Execution of this form by the client constitutes a certification that the TOTAL hours listed airs cornect as stated, that the work way performed in a satisfactory manner and agreement by the Client to the TERMS and CONDITIONS printed on the reverse side of this form, PLEASE DO NOT ADVANCE MONIES TO EMPLOYEES. CLIENT PRINT NAME CLIENT SIGNATURE CLIENT SIGNATURE DO NOT WRITE BELOW THIS LINE (FOR OFFICE USE ONLY) SOCIAL SECURITY NUMBER CLIENT SIGNATURE DO NOT WRITE BELOW THIS LINE (FOR OFFICE USE ONLY) SOCIAL SECURITY NUMBER CLIENT SIGNATURE POR OFFICE USE ONLY) SOCIAL SECURITY NUMBER CLIENT SIGNATURE CLIENT SIGNATURE POR OFFICE USE ONLY) SOCIAL SECURITY NUMBER CLIENT SIGNATURE OF ACCEPTANCE X AUTHORIZED SIGNATURE DO NOT WRITE BELOW THIS LINE (FOR OFFICE USE ONLY) SOCIAL SECURITY NUMBER CLIENT NO. PURCHASE OFFICE NO. VOUCHER AMT.	REPORT TO	DEPT.			WEEK ENDING	
THURS. TOTAL HOURS (IN WORDS) TOTAL HOURS TO NEAREST YHOURS TO NEAREST YHOUR TOTAL HOURS NOT ALL H	DAY	DATE	TIME IN	TIME OUT		
THURS. FRI. SAT. SUN. CLIENT NOTE TOTAL HOURS (IN WORDS) TOTAL HOURS NEW were worked by me cluing the week ending shown above, and were properly certified by an authorized representative of the company named above. Lunderstand I am to contact the office after completing the Assignment to determine if there is other work available for me. 1 agree that if 1 do not contact the office upon completion of an assignment they can assume I am not available. EMPLOYEE NAME (PRINT) EMPLOYEE SIGNATURE X SOCIAL SECURITY NUMBER ARE YOU RETURNING TO THIS ANEW ASSIGNMENT ON ANEW ASSIGNMENT ON ANEW ASSIGNMENT ON ANEW ASSIGNMENT ON DATE ANEW ASSIGNMENT ON A	MON.			MAR YOUR BUILDING	MULTINA ACT	BECIOES
THURS. SAT. SUN. CLIENT NOTE TOTAL HOURS (IN WORDS) HOURS TO NEAREST NOTE I hereby certify that the hours shown were worked by me during the week ending shown above, and were properly certified by an authorized representative of the company named above. I understand I am to contact the office after completing the Assignment to determine if there is other work available for me. I agree that if I do not contact the office upon completion of an assignment they can assume I am not available. EMPLOYEE NAME (PRINT) EMPLOYEE SIGNATURE X SOCIAL SECURITY NUMBER ARE YOU RETURNING YES I WILL BE AVAILABLE FOR A NEW ASSIGNMENT ON TO THIS NO DATE X MINIMUM: 4 HOURS PER EMPLOYEE PER DAY IMPORTANT FOR CLIENT. Execution of this form by the client constitutes a certification that the TOTAL hours isted are correct as stated, that the work was performed in a satisfactory manner and agreement by the Client to the IEEMS and CONDITIONS printed on the reverse side of this form. PLEASE DO NOT ADVANCE MONIES TO EMPLOYEES. CLIENT PRINT NAME CLIENT SIGNATURE CLIENT SIGNATURE DO NOT WRITE BELOW THIS LINE (FOR OFFICE USE ONLY) SOCIAL SECURITY NUMBER ON ONT WRITE BELOW THIS LINE (FOR OFFICE USE ONLY) SOCIAL SECURITY NUMBER ON ONT WRITE BELOW THIS LINE (FOR OFFICE USE ONLY) SOCIAL SECURITY NUMBER ON ONT WRITE BELOW THIS LINE (FOR OFFICE USE ONLY) SOCIAL SECURITY NUMBER ON ONT WRITE BELOW THIS LINE (FOR OFFICE USE ONLY) SOCIAL SECURITY NUMBER ON ON ONLY WRITE BELOW THIS LINE (FOR OFFICE USE ONLY) SOCIAL SECURITY NUMBER SP, CODE CO, CD, DESCRIPTION SPB SPP	TUES.		EMBE	90		
SAT. SUN. CLIENT NOTE TOTAL HOURS (IN WORDS) HOURS TO MEAREST MANDUR MEAREST	WED.	H S/O ONE H		JAW AND		By AS
SAT. SUN. CLIENT NOTE TOTAL HOURS (IN WORDS) I hours to NEAREST to HOUR hours shown were worked by me during the week ending shown above, and were properly certified by an authorized representative of the company named above. I understand 1 am to contact the office after completing the Assignment to determine if there is other work available for me. I agree that if I do not contact the office upon completion of an assignment they can assume I am not available. EMPLOYEE NAME (PRINT) EMPLOYEE SIGNATURE ARE YOU RETURNING NO DATE ARE YOU RETURNING NO DATE MINIMUM: 4 HOURS PER EMPLOYEE PER DAY IMPORTANT FOR CLIENT: Execution of this form by the client constitutes a certification that the TOTAL hours listed are cornect as stated, that the work was performed in a satisfactory manner and agreement by the Client to the TERMS and CONDITIONS printed on the reverse side of this form. PLEASE DO NOT ADVANCE MONIES TO EMPLOYEES. CLIENT PRINT NAME CLIENT SIGNATURE OF ACCEPTANCE X AUTHORIZED SIGNATURE DO NOT WRITE BELOW THIS LINE (FOR OFFICE USE ONLY) SOCIAL SECURITY NUMBER CLIENT NO. PURCHASE ORDER NO. VOUCHER NO. VOUCHER AMT. SP. CODE CO. CD. DESCRIPTION SPB SPP 1	THURS.	SUCH WORK AND	23 V 035	Marie Control of the	Cosq Ro	ILO SITI
CLIENT NOTE TOTAL HOURS (IN WORDS) HOURS TO NEAREST 1/2 HOURS I hereby certify that the hours shown were worked by me during the week ending shown above, and were properly certified by an authorized representative of the company named above. I understand I am to contact the office after completing the Assignment to determine if there is other work available for me. I agree that if I do not contact the office upon completion of an assignment they can assume I am not available. EMPLOYEE NAME (PRINT) EMPLOYEE SIGNATURE ARE YOU RETURNING YES NOW ANEW ASSIGNMENT ON DATE MINIMUM: 4 HOURS PER EMPLOYEE PER DAY IMPORTANT FOR CLIENT: Execution of this form by the client contibutes a certification that the TOTAL hours listed are correct as stated, that the work was performed in a satisfactory manner and egreement by the Client to the TERMS and CONDITIONS printed on the reverse side of this form. PLEASE DO NOT ADVANCE MONIETS TO EMPLOYEES. CLIENT PRINT NAME CLIENT SIGNATURE OF ACCEPTANCE X AUTHORIZED SIGNATURE DO NOT WRITE BELOW THIS LINE (FOR OFFICE USE ONLY) SOCIAL SECURITY NUMBER CLIENT NO. PURCHASE ORDER NO. VOUCHER NO. VOUCHER AMT. SP. CODE CO. CD. DESCRIPTION SPB SPP 1	FRI.			aguma		(BD PORT
TOTAL HOURS (IN WORDS) HOURS TO NEAREST (A HOURS) I hereby certify that the hours shown were worked by me during the week ending shown above, and were properly certified by an authorized representative of the company named above. I understant am to contact the office after completing the Assignment to determine it there is other work available for me. I agree that if I do not contact the office upon completion of an assignment they can assume I am not available. EMPLOYEE NAME (PRINT) EMPLOYEE SIGNATURE X SOCIAL SECURITY NUMBER ARE YOU RETURNING YES NO DATE MINIMUM: 4 HOURS PER EMPLOYEE PER DAY IMPORTANT FOR CLIENT: Execution of this form by the client contributes a certification that the TOTAL hours listed are correct as stated, that the work was performed in a satisfactory manner and agreement by the Client to the TERMS and CONDITIONS printed on the reverse side of this form. PLEASE DO NOT ADVANCE MONIES TO EMPLOYEES. CLIENT PRINT NAME CLIENT SIGNATURE OF ACCEPTANCE X AUTHORIZED SIGNATURE DO NOT WRITE BELOW THIS LINE (FOR OFFICE USE ONLY) SOCIAL SECURITY NUMBER CLIENT NO. PURCHASE ORDER NO. VOUCHER NO. VOUCHER AMT. SP. CODE CO, CD, DESCRIPTION SPB SPP	SAT.	THE WAR STATE	100 807	SA BU TOAT	essana.	d thoyan
I hereby certify that the hours shown were worked by me during the week ending shown above, and were properly certified by an authorized representative of the company named above. I understand I am to contact the office after completing the Assignment to determine if there is other work available for me. I agree that if I do not contact the office upon completion of an assignment they can assume I am not available. EMPLOYEE NAME (PRINT) EMPLOYEE SIGNATURE X SOCIAL SECURITY NUMBER ARE YOU RETURNING TO THIS ASSIGNMENT? MINIMUM: 4 HOURS PER EMPLOYEE PER DAY IMPORTANT FOR CLIENT: Execution of this form by the client constitutes a certification that the TOTAL hours listed are correct as stated, that the work was performed in a satisfactory manner and agreement by the Client to the TERMS and CONDITIONS printed on the reverse side of this form. PLEASE DO NOT ADVANCE MONIES TO EMPLOYEES. CLIENT PRINT NAME CLIENT SIGNATURE DO NOT WRITE BELOW THIS LINE (FOR OFFICE USE ONLY) SOCIAL SECURITY NUMBER CLIENT NO. PURCHASE ORDER NO. VOUCHER AMT. VOUCHER NO. VOUCHER AMT. SP. CODE CO. CD. DESCRIPTION SPB SPP	SUN.					
Thereby certify that the hours shown were worked by me during the week ending shown above, and were properly certified by an authorized representative of the company named above. Lunderstand I am to contact the office siter completing the Assignment to determine if there is other work available for me. I agree that if I do not contact the office upon completion of an assignment they can assume I am not available. EMPLOYEE NAME (PRINT) EMPLOYEE SIGNATURE X SOCIAL SECURITY NUMBER ARE YOU RETURNING YES ANEW ASSIGNMENT ON TO THIS ASSIGNMENT? MINIMUM: 4 HOURS PER EMPLOYEE PER DAY IMPORTANT FOR CLIENT: Execution of this form by the client constitutes a certification that the TOTAL hours listed are correct as stated, that the work was performed in a satisfactory manner and agreement by the Client to the TERMS and CONDITIONS printed on the reverse side of this form. PLEASE DO NOT ADVANCE MONIES TO EMPLOYEES. CLIENT PRINT NAME CLIENT SIGNATURE DO NOT WRITE BELOW THIS LINE (FOR OFFICE USE ONLY) SOCIAL SECURITY NUMBER CLIENT NO. PURCHASE ORDER NO. VOUCHER NO. VOUCHER AMT. SP. CODE CO. CD. DESCRIPTION SPB SPP				NEAREST	TOTAL	HOURS
ARE YOU RETURNING YES NO A NEW ASSIGNMENT ON TO DATE MINIMUM: 4 HOURS PER EMPLOYEE PER DAY IMPORTANT FOR CLIENT: Execution of this form by the client constitutes a certification that the TOTAL hours listed are correct as stated, that the work was performed in a satisfactory manner and agreement by the Client to the TERMS and CONDITIONS printed on the reverse side of this form. PLEASE DO NOT ADVANCE MONIES TO EMPLOYEES. CLIENT PRINT NAME CLIENT SIGNATURE OF ACCEPTANCE X AUTHORIZED SIGNATURE DO NOT WRITE BELOW THIS LINE (FOR OFFICE USE ONLY) SOCIAL SECURITY NUMBER CLIENT NO. PURCHASE ORDER NO. VOUCHER NO. VOUCHER AMT. SP. CODE CO. CD. DESCRIPTION SPB SPP	were properly am to contact for me. I agree am not availab	certified by an authorize the office after completi that if I do not contact to le.	nd representation of the Assignation of the Assignation of the office upon	ive of the company ment to determine in a completion of an	named above. I I there is other wassignment they	understand I
MINIMUM: 4 HOURS PER EMPLOYEE PER DAY IMPORTANT FOR CLIENT: Execution of this form by the client constitutes a certification that the TOTAL hours listed are correct as stated, that the work was performed in a satisfactory manner and agreement by the Client to the TERMS and CONDITIONS printed on the reverse side of this form. PLEASE DO NOT ADVANCE MONIES TO EMPLOYEES. CLIENT PRINT NAME CLIENT SIGNATURE OF ACCEPTANCE X AUTHORIZED SIGNATURE DO NOT WRITE BELOW THIS LINE (FOR OFFICE USE ONLY) SOCIAL SECURITY NUMBER CLIENT NO. PURCHASE ORDER NO. VOUCHER NO. VOUCHER AMT. SP. CODE CO. CD. DESCRIPTION SPB SPP	SOCIAL SECUR	ITY NUMBER		U	I WILL BE AVA	LABLE FOR
ASSIGNMENT? LOATE MINIMUM: 4 HOURS PER EMPLOYEE PER DAY IMPORTANT FOR CLIENT. Execution of this form by the client constitutes a certification that the TOTAL hours listed are correct as stated, that the work was performed in a satisfactory manner and agreement by the Client to the TERMS and CONDITIONS printed on the reverse side of this form. PLEASE DO NOT ADVANCE MONIES TO EMPLOYEES. CLIENT PRINT NAME CLIENT SIGNATURE OF ACCEPTANCE X AUTHORIZED SIGNATURE DO NOT WRITE BELOW THIS LINE (FOR OFFICE USE ONLY) SOCIAL SECURITY NUMBER CLIENT NO. PURCHASE ORDER NO. VOUCHER NO. VOUCHER AMT. SP. CODE CO. CD. DESCRIPTION SPB SPP			TO THIS	TO THIS NOT		
AUTHORIZED SIGNATURE DO NOT WRITE BELOW THIS LINE (FOR OFFICE USE ONLY) SOCIAL SECURITY NUMBER CLIENT NO. PURCHASE ORDER NO. VOUCHER NO. VOUCHER AMT. SP. CODE CO, CD. DESCRIPTION SPB SPP	nerformed in a	Ulutes a certification that	the TOTAL ho	MENT? IPORTANT FOR CL ours listed are corre	IENT: Execution of as stated, that	the work was
DO NOT WRITE BELOW THIS LINE (FOR OFFICE USE ONLY) SOCIAL SECURITY NUMBER CLIENT NO. PURCHASE ORDER NO JOB CAT. COMP CD. REG. HOURS OVERTIME HRS. CBR EPR VOUCHER NO. VOUCHER AMT. SP. CODE CO, CD. DESCRIPTION SPB SPP				X		evil Dread
JOB CAT. COMP REG. HOURS OVERTIME HRS. CBR EPR VOUCHER NO. VOUCHER AMT. SP. CODE CO. CD. DESCRIPTION SPB SPP	20011 25015		the second second second	NE (FOR OFFIC	E USE ONLY)	
VOUCHER NO. VOUCHER AMT. SP. CODE CO. CD. DESCRIPTION SPB SPP	anger out	any ngal ip char	70000		MAPPLE TO THE RESIDENCE OF THE PARTY OF THE	
SP. CODE CO. CD. DESCRIPTION SPB SPP	A CONTRACTOR OF THE PARTY OF TH		OVERTIN	alla tar eugh	EPF	City
SP. CODE CO. CD. DESCRIPTION SPB SPP		deephily dinomi			DESIGNATION OF THE PARTY OF THE	
	SP. CODE					
EMPLOYEE NOTE: All unsigned time sheets are to be returned to employee without a check.		NOTE: All unsigned time	e sheets are t	to be returned to a	mployee withou	t a check.

TMRTS004 (4/97)