

303 S. Prairieville
Athens, TX 75751

WORKCO

STAFFING SERVICE

(903) 675-9269
Fax (903) 675-6005
athens@workcostaffing.com

Name _____

Company _____ Phone _____

Address _____

Report to _____ Report time _____

**INDICATE DATE AND AMOUNT OF TIME WORKED BELOW
MUST BE VERIFIED BY SUPERVISOR IN ORDER TO BE PAID
*Timesheets are due each Monday by noon (12:00pm) to be paid.***

Day of week	Date	Time In	Lunch Out	Lunch In	Time Out	Total Hours
Sunday						
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Assignment Continuing? <input type="checkbox"/> Yes <input type="checkbox"/> No		Total Hours Worked (To Nearest 1/4 Hour)		Straight Time		
				Over Time		

I certify that the above hours are correct and understand that failure to submit my approved timecard prior to the deadline may result in a processing delay. I understand that I am to contact Workco by the next working day after completing this assignment; if not, Workco may assume that I have voluntarily quit. I understand this may affect my ability to qualify for unemployment benefits.

Employee
Signature _____ **Date** _____

It is understood that the individual signing the time sheet is an authorized representative of the Client and hereby certifies the hours listed are correct and that the work was performed in a satisfactory manner. Our minimum charge for any temporary assignment is four (4) hours per day and Client agrees to pay for such.

Client agrees that utilization of the employee, named on this time sheet, on either a temporary or a permanent basis within 180 days from date on time sheet will be through Workco Staffing. If the Client desires to hire this person, it is agreed that written notification of this intent will be given to Workco Staffing, and the Client will pay liquidated damages in the amount of the normal direct placement fee charged by Workco Staffing at the time of hire, less any credit earned.

Authorized
Signature _____ **Date** _____