

# FELLOWS STAFFING

Phone (847) 517-9600

WEEK ENDING SUNDAY	Mo. / Day / Year	YOUR SOCIAL SEC. NO.							
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Are you returning to this job?  
 YES \_\_\_ NO \_\_\_

	START TIME	LUNCH OUT	LUNCH IN	FINISH TIME	TOTAL HOURS FOR DAY
	HRS. MIN.	HRS. MIN.	HRS. MIN.	HRS. MIN.	
MON					
TUES					
WED					
THU					
FRI					
SAT					
SUN					
			Regular Hrs	Overtime Hrs	Total Hours

I verify the accuracy of hours worked and agree to be legally liable for any errors. They were certified by the client.

**Fax hours to office by 9:30 a.m.  
 Monday - FAX (847) 240-0700  
 CALL TO VERIFY**

Call the service coordinator if there are any problems or changes, or if you have any questions.

I will contact FELLOWS at the end of assignment to discuss other assignments. If I do not, FELLOWS can assume I am not available for work.

Employee states no accident / injury / incident happened on this assignment.

Supervisor please initial to  
 OK overtime.

EMPLOYEE NAME

COMPANY NAME

DEPT.

CITY

Any Temporary hired for a permanent position is an applicant of FELLOWS STAFFING and permanent fees apply. Fee is 1% per thousand of projected annual wages. See back for contract details.  
 Hours shown were worked satisfactorily.

SUPERVISOR SIGNATURE - CLIENT AGREEMENT

EMPLOYEE SIGNATURE