



Orlando (407) 270-2700
 St Pete (727) 507-8888
 Tampa (813) 449-4800

<p>WEEK ENDING DATE (SUN.)</p>		<p>EMPLOYEE NAME (PRINT)</p>			
<p>RECRUITER</p>		<p>CLIENT</p>			
<p>REPORT TO</p>		<p>Show all hours to nearest quarter hour (i.e. 0.25; 0.50; 0.75)</p>			
<p>DATE</p>	<p>TIME IN</p>	<p>TIME OUT</p>	<p>LESS LUNCH HOURS</p>	<p>HOURS</p>	
/ /	MON.	:	:		
/ /	TUE.	:	:		
/ /	WED.	:	:		
/ /	THR.	:	:		
/ /	FRI.	:	:		
/ /	SAT.	:	:		
/ /	SUN.	:	:		
<p>WRITE TOTAL HOURS WORKED IN WORDS:</p>			<p>TOTAL HOURS FOR WEEK:</p>		

We agree that, if our firm should hire the named employee within the agreed time frame without other agreement with Hiregy we will pay a liquidation fee as specified on the Service Order Confirmation or Client contract.

The Client Representative signature below certifies that: (1) the hours shown are correct, (2) the work was performed in a satisfactory manner, (3) there was no known injury to an employee that was not reported to Hiregy, and (4) Hiregy is authorized to bill Client by the terms of the Service Order Confirmation for the work performed by the named employee. It is agreed that timesheets submitted by facsimile transmission are valid for billing purposes. By signing below, the Client Representative confirms that he/she is authorized to approve time and that Hiregy may rely upon his/her signature as binding upon Client.

CLIENT AUTHORIZED SIGNATURE

NAME: TITLE:

DEPARTMENT Assignment Completed?
 Yes No

EMPLOYEE MUST SIGN THIS FORM

I certify that I worked the hours reported on this ticket during the week shown and I did not experience any accident or injury that I did not report directly to Hiregy.

EMPLOYEE SIGNATURE: _____

TO RECEIVE YOUR PAYCHECK, THIS TIMESHEET MUST BE RECEIVED AT THE OFFICE NO LATER THAN MONDAY AT 10:00AM

FAX TIMESHEET TO (813)289-3631 or EMAIL TO: payroll@hiregy.com