

Phone 414-962-5999 Fax 414-962-6333

TIME RECORD

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CLIENTFAC	CILITY					
SUPERVISO	ORNAME					
ADDRESS						
CITY			STATE		ZIP	
AUTHORIZ	ATION					
PERFORM		ISFACTORY.	WE HAVE	READ THE (ND THAT THI CLIENT'S TER THEM.	
CLIENT'S A	UTHORIZED	SIGNATURE	X			
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SOCIALSE	CURITYNO.					
THAT I HAV	/E PERFORM DITIONS ON T	HIS FORM A	RVICE. I HAV	/E READ TH	DARE CORRE E EMPLOYEE E TO THEM.	
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DATE	TIME IN	TIME OUT	- LUNCI	H HRS	Supv Init	_
MON						_
TUE						
WED						
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SEE TERMS AND CONDITIONS FOR IMPORTANT INFORMATION

FRI

SAT

SUN

GRAND TOTAL HOURS FOR WEEK

CLIENT TERMS & CONDITIONS

If our facility, or an affiliate employs this person on their payroll, or in a consulting capacity, we agree to pay SubStaff a proscribed fee.

We further agree that payments made to or due to SubStaff prior to the employee joining our organization will not be applied to the proscribed fee.

This fee is determined by the length of time this employee has worked at our facility.

EMPLOYEE TERMS AND CONDITIONS

I agree that my work will be assigned and supervised by SubStaff's client. I am not authorized to sign the name SubStaff, or use this name on any other items.

I further agree not to apply for, or accept direct employment at any facilities at which I have been assigned, for a period of 12 months from the date of my last assignment.

IMPORTANT

This time record must be signed by **BOTH** the SubStaff employee **AND** their supervisor. Payroll will not be processed without **BOTH** signatures.

This time record must be faxed at the end of each assignment and before the end of the workweek. Time records received after 5PM Sunday will be processed the following week.

You may also email a scanned time record to jfremder@substaff.com.

Fax (414) 962-6333

Phone (414)962-5999





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TIME RECORD CLIENT DATA

SUPERVISOR NAME		
ADDRESS		
CITY	STATE	ZIP

AUTHORIZATION

SOCIAL SECURITY NO.

CLIENT FACILITY

WE CERTIFY THE INDICATED HOURS ARE CORRECT AND THAT THE WORK PERFORMED WAS SATISFACTORY. WE HAVE READ THE CLIENT'S TERMS AND CONDITIONS ON THIS FORM AND AGREE TO ADHERE TO THEM.

CLIENT'S AUTHORIZED SIGNATURE
EMPLOYEE DATA
EMPLOYEE NAME

ICERTIFY THAT THE HOURS SHOWN ON THIS TIME RECORD ARE CORRECT, AND THAT I HAVE PERFORMED THE SERVICE. I HAVE READ THE EMPLOYEE TERMS AND CONDITIONS ON THIS FORM AND AGREE TO ADHERE TO THEM.

DATE	TIME IN	TIME OUT	- LUNCH	HRS	Supv Init
MON					
TUE					
WED					
THU					
FRI					
SAT					
SUN					

WEEKENDING DATE (SUNDAY)_____

SEE TERMS AND CONDITIONS FOR IMPORTANT INFORMATION