



PRINT CLIENT'S NAME						
PRINT EMPLOYEE'S NAME						
CLASSIFICATION			S.S.#		WEEK ENDING DATE	
Date	Starting Time	Finish Time	Lunch Period	Regular Hours	Overtime Hours	Location Worked
SUN.						
MON.						
TUES.						
WED.						
THURS.						
FRI.						
SAT.						
TOTAL HOURS FOR THE WEEK TO NEAREST HOUR						
<p>I certify that the hours shown above represent my total hours worked during the week ending shown above and were properly verified by the client or authorized representative. I understand I am to notify Westways Staffing Services when an assignment ends and when I am available for work.</p> <p>I agree if I do not contact Westways Staffing Services upon completion of an assignment, they can assume I am not available.</p>						
X						
EMPLOYEE MUST SIGN HERE						
It is certified that the above hours are correct and that the work was performed in a satisfactory manner.						
X						
AUTHORIZED CLIENT SIGNATURE						
To be completed by Client:						
Would you have this employee return to your facility?						
<input type="checkbox"/> YES <input type="checkbox"/> NO						