



PRINT CLIENT'S NAME						
PRINT EMPLOYEE'S NAME						
CLASSIFICATION				WEEK ENDING DATE		
Date	Starting Time	Finish Time	Lunch Period	Regular Hours	Overtime Hours	Location Worked
SUN.						
MON.						
TUES.						
WED.						
THURS.						
FRI.						
SAT.						
<b>TOTAL HOURS FOR THE WEEK TO NEAREST HOUR</b>						
<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. I agree if I do not contact Westways Staffing Services upon completion of an assignment, they can assume I am not available.</p>						
X						
<b>EMPLOYEE SIGNATURE</b>						
It is certified that the above hours are correct and that the work was performed in a satisfactory manner.						
X						
<b>AUTHORIZED SUPERVISOR SIGNATURE</b>						
<b>PLEASE PRINT NAME</b>						
To be completed by Client:						
Would you have this employee return to your facility? <input type="checkbox"/> YES <input type="checkbox"/> NO						