

SIGNATURE

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WEEK ENDING SUNDAY MO. DAY YR. LAST NAME FIRST NAME HOLD MY CHECK MAIL MY CHECK COMPANY (CLIENT) NAME **ADDRESS** DEPARTMENT CITY/STATE/ZIP ARE YOU RETURNING TO THE COMPANY? YES □ NO □ I CERTIFY THAT THE HOURS STATED ABOVE ARE THOSE THAT I WORKED DURING THE WEEK INDICATED.

		START TIME	FINISH TIME	LESS LUNCH TIME	DAILY TOTAL HRS.
	MONDAY				
	TUESDAY				
	WEDNESDAY				
	THURSDAY			-	
	FRIDAY		-		
	SATURDAY				
	SUNDAY				
TOTAL HOURS WORKED ON ASSIGNMENT THIS WEEK O NOT INCLUDE LUNCHTIME, ROUND TO NEAREST 1/4 HR.)					
OVERTIME (OVERTIME ONLY AFTER 40 HRS.)					

Klatt Temporary Services has incurred expenses in recruiting and training its employees to best serve the clients. If client chooses to transfer any Klatt employee to the client's payroll or to the payroll of another staffing service during this assignment or 90 days thereafter, the client will pay 125 x the Klatt hourly billing rate as liquidated damages.

WHITE - RETURN TO OFFICE