

Name		JOB I.D.
SS#		

DAILY RECORD OF HOURS WORKED FOR WEEK ENDING ___/___						
	TIME IN	TIME OUT	TIME OFF (LUNCH)	STRAIGHT TIME	OVERTIME	INITIALS
SUN						
MON						
TUE						
WED						
THU						
FRI						
SAT						
EMPLOYEE SIGNATURE				TOTAL HOURS		
				straight hours	overtime hours	

ASSIGNMENT INFORMATION	
CLIENT NAME	START DATE
ADDRESS	
SUPV / or / DEPT	TIME am pm

Four Hour Minimum Per Employee Per Day
 Customer Approval includes verification of hours worked and acceptance of terms printed on reverse side.
 Please cross out days not worked..

TO LSI EMPLOYEE: I hereby certify that the hours listed below represent hours that I have worked for the above customer and that the signature shown below is that of an authorized representative of the customer. I understand that I am to notify LSI of my availability and that my failure to do so will allow LSI to assume I am unavailable. I also understand that I must return this form no later than 8:00 a.m. Tuesday. My failure to do so will allow LSI to make my check available the following pay period.	REVIEW ON PERFORMANCE			
		Good	Ave	Poor
	Attitude			
	Effort			
Work Quality				
Employee Return Y / N				
CUSTOMER VERIFICATION OF HOURS WORKED <small>CIRCLE APPROPRIATE HOURS</small>	10 20 30 40 50 60 70 80	10 hr increments		
	1 2 3 4 5 6 7 8 9	1 hr increments		
	5 10 15 20 25 30 35 40 45 50 55	5 min increments		
Signature		Date	/	

White - Office Copy Yellow - Customer Copy Pink - Office Copy Gold - Office Copy

OFFICE COPY

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