

EMPLOYEE NAME → _____ SOC. SEC. NO. _____ TH:

EMPLOYEE SIGNATURE _____ DATES WORKED (from) _____ (to) _____

	MON.	TUES.	WED.	THURS.	FRI.	SAT.	SUN.	
IN								IMPORTANT Round off daily totals to nearest 1/4 hour. Pay days are every other Friday. WEEKLY TOTAL ↓
OUT								
IN								
OUT								
IN								
OUT								
TOTAL								

By their signature below, client company verifies the accuracy of these hours, and agrees to be billed accordingly. Company also agrees to pay a conversion fee amounting to 8 percent of worker's projected annual gross income (prorated), if this worker is transferred directly to the company's or another service's payroll in less than 60 full time work days (480 hrs.)

CLIENT COMPANY → _____ CO. SIGNATURE _____

IMPORTANT
 Deadline For Returning
 This Card Is
MONDAY NOON,

Personnel Leasing
 Since 1982

2419 W. Main St., Ste. 4
 Bozeman, MT 59718
 (406) 586-0235
 FAX 586-1233