CLIENT NAME		SUNDAY END DATE						AMI STA	AFFING nmonstaffing.net
ADDRESS		CITY					Email: payrol		5) 293-2440 staffing.net
PRINT YOUR NAME (EMPLOYEE)		LAST 4 OF SOCIAL			DATE	TIME START	TIME FINISH	LESS LUNCH	HOURS
				MON					
EMPLOYEE: I CERTIFY THAT THE HOURS SHOWN HEREIN REPRESENT THE TOTAL HOURS WORKED THIS WEEK BY ME. I AGREE TO CALL THE AMMON STAFFING JOB LINE THE NEXT REGULAR WORK DAY FOLLOWING THE CONCLUSION OF MY ASSIGNMENT WITH THE CLIENT TO MAKE MYSELF AVAILABLE FOR NEW ASSIGNMENTS. I UNDERSTAND AND ACKNOWLEDGE THAT IF I FAIL TO DO SO, AMMON STAFFING MAY ASSUME THAT I HAVE VOLUNTARLY QUIT WITHOUT GOOD CAUSE ASSOCIATED WITH WORK AND THAT SUCH			TUE						
VOLUNTARILY QUIT WITHOUT GOOD CAUSE ASSOCIATED WITH W A VOLUNTARY QUIT MAY RESULT IN MY BEING DENIED UNEMPLO				WED					
YOUR SIGNATURE DATE:		DATE:	тни						
CLIENT: THE UNDERSIGNED, AS AGENT FOR CLIENT COMPAN REPRESENTS THAT YOU ARE IN AGREEMENT WITH ALL THE TERI BELOW. THE UNDERSIGNED ALSO IS IN AGREEMENT THAT THE CORRECT AND THE WORK WAS COMPLETED SATISFACTORILY.		E TERMS AND CONDITIONS T THE HOURS SHOWN ARE		FRI					
CLIENT SUPERVISOR PRINTED NAME		٦	TITLE	SAT					
CLIENT SUPERVISOR SIGNATURE			DATE:						
v				SUN					
PO NUMBER (Optional): JOB NUMBER (Optional):									
PO NUMBER (Optional):	JOB NUMBER	(Optional):					REGULAR TIME	OVER	TIME (OVER 40)
PO NUMBER (Optional):	JOB NUMBER	(Optional):		т	OTAL HO	URS	REGULAR TIME	OVER'	TIME (OVER 40)
PO NUMBER (Optional): QUALITY OF WORK: EXCELLENT SATISFACTO			ACTORY	т	OTAL HO	URS	REGULAR TIME	OVER	TIME (OVER 40)
QUALITY OF WORK:		ISATISF	ACTORY		CLIENT	· INFORM			