



PO Box 1935
 Tualatin, OR 97062
 Ph 503-692-1300
 Fax 503-692-1313

TIME SHEET/CONTRACT

IMPORTANT NOTICE TO EMPLOYEE AND CUSTOMER – OVERTIME PAY POLICIES ARE DETAILED ON THE REVERSE SIDE OF EMPLOYEE'S COPY OF THE TIME SHEET. OVERTIME BILL POLICIES ARE DETAILED ON THE REVERSE SIDE OF CUSTOMER'S COPY OF THE TIME SHEET.

Employee Last Name (Print)		First	Mi
Address (Street or PO) – [] Check if address change			
City	State	Zip	Soc Sec #

Company Name (Print)
Supervisor Reported to
Address (Street or PO)
City State Zip

WEEK ENDING DATE		
MONTH	DAY	YEAR

NOTICE TO EMPLOYEE: Please fill out this time sheet accurately and completely. To ensure timely payment EMPLOYEE AND CUSTOMER MUST SIGN and the time sheet MUST BE RECEIVED IN OUR OFFICE BY THE PAYROLL DEADLINE. Thank you for making Integrity Staffing, Inc. your company of choice.

NOTICE TO CUSTOMER: The terms and conditions on the front and on the reverse side of the Customer copy of this time sheet are material terms of this contract. Please read them and retain the Customer copy for your records. Thank you for making Integrity Staffing, Inc. your staffing resource.

Day	Date	Time In	Time Out	Time In	Time Out	Total Hours
SUN						
MON						
TUE						
WED						
THUR						
FRI						
SAT						

FOR STAFFING SPECIALIST ONLY
(Please do not mark in this area)

CUST
| | | |

PR
| | | |

REG
| | | |

OT
| | | |

HOL/VAC
| | | |

PR
| | | |

REG
| | | |

CUSTOMER VALIDATION: The undersigned, as customer's agent, certifies Customer's satisfaction with the work performed and verifies the hours worked. FURTHER, THE UNDERSIGNED ACKNOWLEDGES AND ACCEPTS THE MATERIAL TERMS AND CONDITIONS, STATED ON THE FRONT AND ON THE REVERSE SIDE OF CUSTOMER COPY OF THIS TIME SHEET, AS EFFECTIVE ON THE DATE THE ASSIGNMENT BEGAN WHEREBY THIS EMPLOYEE HAS BEEN SUPPLIED BY INTEGRITY STAFFING, INC.

AUTHORIZED CUSTOMER SIGNATURE	
PRINT NAME	DATE

CUSTOMER RECORD TOTAL HOURS BELOW. SEPARATING OT AND DT. PLEASE					
TOTAL TIME ROUND TO THE NEAREST FIFTEEN MINUTES (EXAMPLE: 0, 15, 30, 45)	STRAIGHT TIME	OVERTIME	CUSTOMER INITIALS	DOUBLE TIME	CUSTOMER INITIALS

EMPLOYEE VALIDATION: I certify that I worked these hours, and that I presented them to an Authorized Customer Representative for verification. I ACCEPT THE EMPLOYEE TERM AND CONDITIONS STATED ON THE FRONT AND ON THE REVERSE SIDE OF THE EMPLOYEE COPY OF THIS TIMESHEET.

EMPLOYEE SIGNATURE: _____

NOTES: