



**1-800-987-1555**  
**www.hospitalitystaff.com**

**PLEASE PRINT CLEARLY**

Employee Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Social Security No.: \_\_\_\_\_

Client Name: \_\_\_\_\_

Department/Location: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Week Ending: \_\_\_\_\_ Dept.: \_\_\_\_\_ Client Number: \_\_\_\_\_

STS (REV 01/12/2016)

**DRAW A LINE THROUGH DAYS NOT WORKED**

**ROUND TIMES TO THE NEAREST 1/4 HOUR**

	DATE	TIME START	TOTAL BREAK TIME	TIME FINISH	TOTAL	CLIENT INITIAL
SAT.						
SUN.						
MON.						
TUES.						
WED.						
THUR.						
FRI.						
					<b>TOTAL HOURS</b>	

**EMPLOYEE AGREEMENT:** I certify that I worked the hours shown on this card on the days indicated and that this card has been certified by a person that I believe is an authorized representative of the Client. I will contact HospitalityStaff® after completing this assignment and I understand that if I do not do so, HospitalityStaff® will assume that I am unavailable for work. Further, I have not sustained any on the job injuries while at this assignment.

\_\_\_\_\_  
 EMPLOYEE SIGNATURE

**CLIENT KEEPS WHITE COPY, ALL REMAINING COPIES, RETURN TO HOSPITALITYSTAFF® OFFICE BY NOON ON SATURDAY.**

**CLIENT AGREEMENT:** Your company has a signed agreement which is applicable for the above employee. As the Client's authorized representative, I certify that the temporary employee's hours shown on this time sheet are correct and that the work was performed satisfactorily. If client hires this employee directly, they will pay \$2,000. This is for liquidated damages and not a penalty for breach.

Client/Customer Authorized Signature: \_\_\_\_\_ Title: \_\_\_\_\_