



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.						
					TOTAL HOURS	

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: _____