

Contract Payroll Services**Employee Time Record**

FORM UPDATED 122609

First Name Last Name SSN Current Date Week Ending Saturday: Assignment Complete Phone: Work Cell Home

	DATE	START TIME	LENGTH OF LUNCH	FINISH TIME	TOTAL REG. HOURS	TOTAL OT HOURS	COMMENTS
DAY							
SUN	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<div></div>
MON	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
TUE	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
WED	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
THU	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
FRI	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
SAT	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

Record times exactly as worked. Figure each day's hours by rounding total daily minutes to the nearest quarter hour.
 Example: 7 hrs 15 min = 7.25 hrs, 7 hrs 45 min = 7.75 hrs, 7 hrs 35 min = 7.50 hrs. Fax time sheets to
1-817-446-4154 by 6 PM on Friday.
 Checks will be mailed the next Wednesday morning.

EMPLOYEE STATEMENT: I hereby certify that the hours shown hereon were worked by me during the week ending designated, and were certified by an authorized representative of the Customer. I understand that I am to contact Contract Payroll Services immediately after completing this assignment to discuss another assignment; and if I do not do so, Contract Payroll Services may assume that I am not then available for work, and have terminated my employment. I also understand that this is a TEMPORARY assignment and therefore I **cannot** apply for unemployment compensation upon the completion of this assignment.

Employee Signature Date

CUSTOMER AGREEMENT: The undersigned authorized representative of customer certifies that hours stated are correct (four-hour daily minimum), and that work was performed satisfactorily.

We further acknowledge that the services of Cendrick Personnel are made possible only through the expenditure of substantial sums for advertising, testing and training their personnel. Therefore, in the event we do hire Cendrick Personnel/Contract Payroll Services' employee on a permanent basis or transfer Cendrick Personnel/Contract Payroll Services' employee to our payroll for any reason within one year of this date, we agree to pay the standard permanent placement fee for this employee to Cendrick Personnel. Fee schedule is on record with this company.

Supervisor's Signature Date Print Name & Title of Supervisor Supervisor's E-mail Firm Name