


Company Name		Week Ending Sun		 264 Moraine Pointe Plaza, Butler, PA 16001 Ph. (724) 285-6612 Fax: (724) 285-8035 <b>email: payroll@unlimitedstaffinginc.com</b>						
Address										
City		Dept Number		HOURS WORKED TO NEAREST QUARTER HOUR						
Assignment Finished? Yes <input type="checkbox"/> No <input type="checkbox"/>		Last 4 of Social		Day	Date	Start	Finish	(Lunch)	Reg Hrs	OT Hrs
When Available? / /				Mon						
Employee: I certify that the hours shown represent the total hours worked by me this week, and that I have not had any work related injuries or illnesses that have not been reported to my supervisor.				Tu						
				Wed						
				Thu						
				Fri						
Employee Signature		Name Printed		Sat						
X				Sun						
Client: Your signature represents that you are in agreement with the hours shown, and the work was completed in a satisfactory manner.				<b>Time slips are due Monday by 5 pm</b> (unless special holiday notices)						
Authorized Signature:      Title:										
X				Total Hours Worked:						
Supervisor signature is required for hours worked. Employee will not be compensated for any hours worked without authorized signature.										