



# Meadowlands

TEL : 201-866-7100  
FAX : 732-981-0906.

WEEK  
ENDING : \_\_\_\_ / \_\_\_\_ / \_\_\_\_

EMPLOYEE : \_\_\_\_\_

SIGNATURE  
: \_\_\_\_\_

COMPANY NAME \_\_\_\_\_

**We certify the hours indicated are correct and the work performed was satisfactory.**

1. Bryant will invoice for labor of employees which we agree to pay upon receipt. If this account is referred to an attorney for collection, we agree to pay all reasonable legal costs and attorneys' fees, as well as a finance charge of 1.5% per month (18% per year).
2. Authorized overtime will be billed at time and one half.
3. In the event this employee is hired on a permanent basis, we agree to pay Bryant Staffing a concession fee.

\_\_\_\_\_  
SUPERVISOR SIGNATURE

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
TITLE DATE

| REPORT ALL TIME TO THE NEAREST 0.25 HOUR                                                                   |    |       |     |             |
|------------------------------------------------------------------------------------------------------------|----|-------|-----|-------------|
| DAY                                                                                                        | IN | LUNCH | OUT | DAILY TOTAL |
| MON                                                                                                        |    |       |     |             |
| TUES                                                                                                       |    |       |     |             |
| WED                                                                                                        |    |       |     |             |
| THU                                                                                                        |    |       |     |             |
| FRI                                                                                                        |    |       |     |             |
| SAT                                                                                                        |    |       |     |             |
| SUN                                                                                                        |    |       |     |             |
|                                                                                                            |    |       |     |             |
|                                                                                                            |    |       |     |             |
| Total                                                                                                      |    |       |     |             |
| Are You Returning? Yes <input type="checkbox"/> No <input type="checkbox"/>                                |    |       |     |             |
| Mail or Hold Check? \ <input type="checkbox"/> Mail <input type="checkbox"/> Hold <input type="checkbox"/> |    |       |     |             |