PISCATAWAY
TEL : 732-981-0440
FAX : 732-981-0248

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 conversion 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				
Are You Returning? Yes ☐ No ☐ Straight Time				
Overtime				