BRYANT STAFFING
Paramus
TEL :201-262-4055
FAX :732-981-0906

WEEK ENDING : ____ / ____ / ____

EMPLOYEE : _____

COMPANY NAME

_____ SIGNATURE : _____

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				
			Straight Time	
			Overtime	
			Total	
Are You Returning?	☐ Yes	☐ No		
Mail or Hold Check?	☐ Mail	☐ Hold		