



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? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Mail or Hold Check? <input type="checkbox"/> Mail <input type="checkbox"/> Hold				