



Kingston
 Tel: 845-217-5333
 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	OUT TO LUNCH	BACK FROM 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					