

SOCIAL SECURITY NUMBER								
EMPLOYEE LAST NAME			FIRST			MIDDLE		
<p>I CERTIFY THAT I HAVE WORKED THE HOURS LISTED ON THIS TIME SHEET AND THAT NO ACCIDENT OR INJURY WAS SUSTAINED WHILE WORKING ON THIS ASSIGNMENT, UNLESS SO NOTED BELOW.</p>								
EMPLOYEE SIGNATURE X								

COMPANY NAME
ADDRESS
CITY/STATE/ZIP

"EVERY TEMPORARY EMPLOYEE IS REQUIRED TO CONTACT BANNER INDUSTRIAL STAFFING WHEN THEIR ASSIGNMENT WITH A CUSTOMER ENDS. IF THE EMPLOYEE FAILS TO CONTACT THE FIRM, THE EMPLOYEE WILL BE CONSIDERED TO HAVE LEFT WORK VOLUNTARILY WITHOUT CAUSE, AND UNEMPLOYMENT BENEFITS MAY BE DENIED." ACCEPTANCE OF THIS TEMPORARY JOB CANNOT BE CONSTRUED AS A GUARANTEE OF FULL TIME EMPLOYMENT.

WEEK ENDING SUNDAY					
	DATE	TIME STARTED	TIME FINISHED	LESS LUNCH	HOURS WORKED
MON					
TUE					
WED					
THU					
FRI					
SAT					
SUN					
TOTAL TO NEAREST QUARTER HOUR. MINIMUM ASSIGNMENT TIME IS 4 HOURS. CLIENT WILL BE BILLED FOR HOURS LISTED.					
CLIENT AGREEMENT BANNER HAS INCURRED EXPENSE IN RECRUITING ITS EMPLOYEES. AS PART OF YOUR AGREEMENT WITH BANNER , THE CLIENT AGREES NOT TO HIRE THE TEMPORARY NAMED HEREON AS AN EMPLOYEE, CONSULTANT, INDEPENDENT CONTRACTOR, OR IN ANY OTHER POSITION IN THE COMPANY WITHOUT PRIOR CONSENT OF BANNER AND PAYMENT OF THE APPLICABLE FEE (SEE WWW.BANNERPERSONNEL.COM/TERMS.HTM). I CERTIFY THAT THE ABOVE HOURS ARE CORRECT.					
CLIENT SIGNATURE				TITLE	
X					