

IMPORTANT: Type or print in ink. Mail original copy to **PERRY TEMPS, 525 Route 73 South, Suite 201, Marlton, N.J. 08053** FAX (856) 596-9125

Employee (please print)						Week ending Sunday			Your Social Security Number									
						Mo	Day	Year										
	AM		PM		TOTAL HOURS		PERRY											
	In	Out	In	Out	HR	MIN												
Mon.							Company Name Address City and State Dept. or Division <small>Important for Client: Execution of this form by the client constitutes a certification that the TOTAL hours listed are correct as stated - that the work was performed in a satisfactory manner - and agreement by the client to meet payment terms as invoiced. Therefore, in consideration for this service, we agree that if the employee named herein is employed by us within 90 days from the last day worked above we will pay to PERRY TEMPS the customary permanent fee.</small>											
Tue.																		
Wed.																		
Thurs.																		
Fri.																		
Sat.																		
Sun.																		
TOTAL WEEKLY HOURS WRITTEN								Client Signature										
Employee Signature						Total hours ▲ worked this week		Be sure to obtain client signature Thank you!										

I certify that I have worked the days and time shown.

DISTRIBUTION:
White — Perry

Yellow — Employee's copy

Pink — Client's copy