



Remit to: Norcross Branch
 1835 Shackelford Ct Suite 175
 Norcross, GA 30093
 Telephone (770) 935-0030
 Fax (770) 935-9131

Week Ending: _____ 20____
 Assignment Completed? ___ Yes ___ No
 Purchase Order No. _____

Employee Name:			Social Security No.
Address:			Apt. Number
City:	State:	Zip:	Phone Number:
Company Name:			Supervisor:
Address:			Suite Number:
City:	State:	Zip:	Phone Number:

AUTHORIZED WORK HOURS

Day	Date	In	Out	In	Out	Hrs/Day
Mon						
Tues						
Wed						
Thur						
Fri						
Sat						
Sun						

Total Hours Worked	
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The total hours worked as shown above are hereby verified as correct. We understand that *firstPRO*, Inc. has a substantial investment in the above named employee, and the undersigned agrees that if the undersigned hires the employee on a permanent basis any time within six months from the date shown above, that employee shall continue on the payroll of *firstPRO*, Inc.

Employee Signature: _____

Authorized Company Signature: _____