



Remit to: 5607 Glenridge Drive, Third Floor
 Atlanta, GA 30342
 Telephone (404) 303-4989 / Fax (404) 303-4994

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

Employee Name:					
Address:			Apt. Number		
City:	State:	Z	ip:	Phone	Number:
Company Name: Super			visor:		
Address:			Suite Number:		
City:	State:	Z	ip:	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.

Employee Signature: _____

Authorized Company Signature: _____