

Remit to: 5607 Glenridge Drive, Suite 350  
Atlanta, GA 30342  
Telephone (404) 252-3889 / Fax 678-510-7411

Week Ending: \_\_\_\_\_ 20\_\_\_\_  
Assignment Completed? \_\_\_ Yes \_\_\_ No

Employee Name:			
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.

Employee Signature: \_\_\_\_\_

Authorized Company Signature: \_\_\_\_\_