

Remit To: 1694 Montgomery Hwy., Ste. 134
 Hoover, Alabama 35216
 Phone: 205.822.1502
 Fax: 205.822.1522

P L E A S E S U B M I T B Y N O O N M O N D A Y

Week Ending _____ 20 _____

Assignment Completed? Yes ____ No ____

Purchase Order No. _____

EMPLOYEE NAME _____

SOCIAL SECURITY NUMBER _____

DAY	DATE	TIME IN	TIME OUT	LUNCH	TOTAL
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					

Company Name _____

Supervisor _____

Customer Agreement

(see back for instructions and conditions)

It is understood that the undersigned is an authorized representative of the Company, and hereby certifies that the above hours are correct, and that the customer has read and agrees with the statement on the reverse side of this timecard. Customer understands that Dedicated Personnel, Inc. has a substantial investment in the above named employee, and the Customer agrees that if they hire the employee on a permanent basis any time within six months of the date shown above, the employee shall continue on the payroll of Dedicated Personnel, Inc. for a period of 520 hours. Furthermore Customer agrees that he will not permit above named person to handle cash negotiable or other valuables.

Customer Signature

X _____

By my signature I certify that the hours shown were worked by me during the week indicated. I understand after completing an assignment I am to contact Dedicated Personnel, Inc. I also certify that I was not involved in any undocumented accident during the above week.

Employee Signature

X _____

TOTAL HOURS	
REGULAR HOURS	
OT HOURS	

White - Branch / Yellow - Client / Pink - Associate

