PRESS FIRMLY WITH BALL POINT PEN

EMPLOYEE NAME

CLIENT COMPANY

ADDRESS

CITY/STATE/ZIP

EMPLOYEE SOCIAL SECURITY NO.

**EMPLOYEE STATEMENT:** When this assignment ends, I agree to contact Snelling immediately for further assignments, and I understand that if I fail to contact Snelling, I may be considered to have left work voluntarily without cause and unemployment benefits may be denied. I further agree that I will not accept any employment duties with the Client or service the Client (including any successor in interest) through another personnel agency for a period of 180 days after this assignment ends without Snelling's written consent. I hereby certify that I have not sustained an injury or been involved in any incident that may lead to a workers' compensation claim on this assignment and the days and hours I have indicated are true and correct.

EMPLOYEE SIGNATURE

Snelling Office Location

**702 MALL BOULEVARD**
**SAVANAH, GA 31406**
**TEL (912) 356-6900 • FAX (912) 356-6921**

In order for the field employee to be paid for total weekly hours shown, this time sheet must be completed and signed both by the Snelling field employee and by an authorized representative of the client company who can verify the days and hours worked.

LOCAL OFFICE COPY

SNELLING STAFFING SERVICES

ROUND TO THE NEAREST QUARTER HOUR (15 MINUTES)

| DAY | DATE | TIME IN | LUNCH TIME OUT | LUNCH TIME IN | TIME OUT | TOTAL HOURS |
|---|---|---|---|---|---|---|
| SAT | | | | | | |
| SUN | | | | | | |
| MON | | | | | | |
| TUE | | | | | | |
| WED | | | | | | |
| THU | | | | | | |
| FRI | | | | | | |
| ASSIGNMENT CONTINUING? ☐ YES ☐ NO | | | TOTAL WEEKLY HOURS | | | |
| | | | REGULAR HOURS | | OVERTIME HOURS | |

**CLIENT STATEMENT:** I hereby certify that the hours I have indicated below are accurate and that Snelling's field employee is entitled to be paid accordingly. If there is a difference between total hours indicated above and total hours indicated below, the written statement below shall be controlling. I acknowledge and agree that these services were performed in accordance with the Terms and Conditions set forth on the reverse side of this time sheet.

CLIENT COMPANY'S VERIFICATION OF HOURS WORKED

PRINT BELOW IN WORDS THE TOTAL HOURS WORKED: (NOTE: 4-HOUR MINIMUM PER DAY)

CLIENT SIGNATURE DATE

PRINT NAME AND TITLE