

WEEK ENDING

CHECK ONE



44 Montgomery St. Suite 1230 (415) 391-2060
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Mo. Day Yr.

ASSIGNMENT CONTINUES [ ]
ASSIGNMENT IS COMPLETE [ ]

Table with 8 columns: DATE, TIME STARTED, LESS LUNCH, TIME FINISHED, AMT. REGULAR HOURS, AMT. OVERTIME HOURS, TOTAL. Rows for MON-SUN and WEEKLY TOTALS.

EMPLOYEE LAST NAME FIRST INITIAL

EMPLOYEE ADDRESS (Street & Apt. # or P.O.)

CITY STATE ZIP CODE

EMPLOYEE SIGNATURE X

PLEASE MAIL MY CHECK [ ] NEW ADDRESS [ ]

CUSTOMER AGREEMENT

In using our services, it is agreed that persons assigned for temporary employment are employees of Pathways Personnel. Should a client decide to offer permanent employment to our employee within six months of the date of the last assignment, the client agrees to pay a permanent placement fee...

MINIMUM BILLING FOUR HOURS PER DAY

COMPANY NAME

SUPERVISOR NAME (Please Print)

X SUPERVISOR SIGNATURE TITLE DATE

WHITE COPY-PATHWAYS YELLOW COPY-CLIENT PINK COPY-EMPLOYEE