

Minimum Billing Four Hours Per Day

Title

Supervisor Signature

	et St., Suite ncisco, CA 9			15) 391-206 15) 391-611							
MO	Week Ending Day Year					Check One Assignment Continues Assignment is Complete					
			Lunch								
	Date	Time	Time	Time	Total	Time	Amt.	O/T	Dbl. Time	Total	Name
		Started	Out	In	Lunch	Finished	Reg. Hours	Hours	Hours		
Mon											Employee
Tue											Address
Wed											Employee
Thu											Signature
Fri											CHECK ONE
Sat		ļ									
Sun											Mail New Address Address
Ma akh i											
Weekly Totals											Company Name
											Name
n 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 within six months of the date of the last assignment, the client agrees to pay a permanent									Supervisor Name		
judgme permar	nt will in ent con	clude re	asonabl oolicy ar	e attorn	ey fees. orizes Pa	Your sig	nature l	pelow a	cknowled	ion of fees, Iges our Id bill your	

Date