



____/____/____
Week Ending

Employee Name:
(Please Print)

Company Name:

Day	Date	Time In	Time Out	Less Lunch	Total
Mon					
Tue					
Wed					
Thu					
Fri					
Sat					
Sun					

TOTAL HOURS in Words: TOTAL HOURS:

Supervisor's Name: Title:

Authorized Customer Signature:

	Yes	No
Are you returning to the assignment?		
Are you available for another assignment?		

Employee Signature:

I hereby certify that the hours shown were worked by me during the week ending shown above, and were properly certified by an authorized representative of the company named above. I understand I am to contact the office after completing the assignment to determine if there is other work available for me. I agree that if I do not contact the office upon completion of an assignment they can assume that I am not available.

Direct Personnel, LLC
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Westbrook ME 04092 Fax 854-1405
Please send timecards to: PO Box 546, Brunswick ME 04011