



Office: 408-779-7100 | FAX: 408-779-7142
 Office: 831-638-0360 | FAX: 831-638-0365

PLEASE PRINT AND PRESS HARD ON A FLAT SURFACE

Client				Employee Name			
Address							
Last Four of your SSN			Week Starting Date			Week Ending Date	
	START	BREAK	LUNCH	BREAK	END	REG	O.T.
MON							
Work Performed:							
TUE							
Work Performed:							
WED							
Work Performed:							
Work Performed:							
FRI							
Work Performed:							
SAT							
Work Performed:							
SUN							
Work Performed:							
					END OF WEEK TOTAL HOURS		
PO / Job #							
Client Name					Title		
Client Signature					Date		

I hereby certify under penalty of perjury that the hours shown hereon were worked by me during the week indicated, and were approved by an authorized representative of the Client. I understand that I am to contact the Infinity Staffing office after completing this assignment to request a new assignment. If I fail to do so, without good cause, unemployment benefits may be denied. Any forgery or fraudulent reporting of hours worked will be prosecuted to the fullest extent the law allows. Employee certifies no accident or injury was sustained while working on this assignment.

Employee Signature	Date
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White copy-Infinity

Yellow copy-Customer

Pink copy-Employee