

C.R. FLETCHER ASSOCIATES, INC.
"Achieve Great Results with Great People"

FILL IN DATES

DAY DATE	Time Started	Time Finished	Less Lunch	Regular Hours	O.T. Hours	O.T. Approval
MON						
TUE						
WED						
THU						
FRI						
SAT						
SUN						
				Hours to Nearest 1/4 Hours		
				Regular	O.T.	Total

The client acknowledges the considerable cost incurred by Fletcher Temps to recruit, evaluate and maintain the quality control of its temporary employees. Therefore, it is agreed that no Fletcher Temps personnel will be employed by a Client Company at the time of their assignment or within ninety (90) days of the completion of the assignment without paying liquidated damage or an extended time of temporary employment on the Fletcher Temps payroll. Liquidated damage and/or time period to be set by Fletcher Temps.

_____ *Customer Signature* _____ *Title*

EMPLOYEE NAME _____ I will pick up my check
 Mail my check

WEEK ENDING _____ ARE YOU RETURNING? Yes No

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 named company at the bottom hereof. I understand I am to contact the Fletcher Temps office after completing the assignment to determine if there is other work available for me. I agree that if I do not contact Fletcher Temps upon completion of an assignment they can assume I am not available.

_____ *Employee Signature*

UNSIGNED TIME CARDS WILL BE RETURNED WITHOUT A PAY CHECK. ALTERATIONS WILL VOID THE TIME CARD. IN CASE OF ERROR, MAKE OUT A NEW TIME CARD.

COMPANY NAME _____

SUPERVISOR _____

DEPT. _____

CUSTOMER: FILL IN INFORMATION YOU REQUIRE FOR BILLING; i.e., P.O. #, INVOICING INSTRUCTIONS, ETC.

INSTRUCTIONS: USE BALL POINT PEN. PRESS HARD. CARD MUST BE SIGNED BY SUPERVISOR. GIVE PINK COPY TO SUPERVISOR (#2) KEEP YELLOW COPY FOR YOUR RECORDS (#3) MAIL THE WHITE COPY (#1) TO C.R. FLETCHER ASSOCIATES, INC., 126 N. SALINA ST., STE. 107, SYRACUSE, NY 13202.

RETURN TO C.R. FLETCHER ASSOC.