

Tri-State Staffing Inc.

Office: 225 Western Ave, Unit 1

Augusta, Maine 04330

Phone: (207) 622-0470

Fax: (207) 622-0489

1-800-989-9112

EMPLOYEE NAME (PLEASE PRINT)

EMPLOYEE SIGNATURE

I hereby certify that the hours shown hereon were worked by me during the week ending designated, and were certified by an authorized representative of the Customer. I understand that I am to contact the Tri-State Staffing Inc. office after completing this assignment to discuss another assignment, and if I do not do so Tri-State Staffing Inc. may assume that I am not then available for work. I understand that notice of occupational injuries and illness is posted and available for my inspection in the Tri-State Staffing Inc. office on Form 102 as required by the Occupational Safety and Health Act.

COMPANY NAME

ADDRESS

REPORT TO

TIME

DAY	MONTH DATE	TIME-IN	TIME-OUT	LESS: LUNCH PERIOD	TOTAL HOURS
MON					
TUES					
WED					
THURS					
FRI					
SAT					
SUN					
WEEK ENDING DATE				TOTAL HOURS FOR WEEK	

SUPERVISOR'S SIGNATURE

X _____

Includes acceptance of items and conditions on reverse.

WHITE: OFFICE COPY CANARY: LEAVE THIS COPY WITH SUPERVISOR