

MM/DD/YY	IN for Day	OUT for Break	IN from Break	OUT for Day	PAID HRS	EMPLOYEE NAME	Last 4 of SSN
MON							
TUE							
WED							
THU							
FRI							
SAT							
SUN							

Overtime: Employees will be paid "time & one half" for time worked over 40 hours in the work week.



Shannon Staffing, Inc. / Payroll Dept.  
 100 E Ohio Ave, Mount Vernon, OH 43050  
 phone (740) 397-2040; fax (740) 397-2114  
 frontdesk@shannonstaffing.com

TOTAL HOURS	
sum of all Paid Hrs	
TOTAL REG HOURS	
up to 40 hrs/wk	
TOTAL OT HOURS	
hrs over 40/wk	

CLIENT CO.

Assignment completed?  Yes  No  
 4 hours minimum per employee per assignment week

CLIENT REP. SIGNATURE

sign \_\_\_\_\_ date \_\_\_\_\_

I hereby certify that the hours shown were (1) worked by me during the week designated and (2) certified by an authorized representative of the client. I understand that I am to contact Shannon Staffing, as my employer, after completing this assignment to discuss another assignment and that if I do not do so, I am thereby giving notice to Shannon Staffing that I voluntarily quit employment with them. I further certify that no injuries or illness were suffered by me during this period.

EMPLOYEE

sign \_\_\_\_\_ date \_\_\_\_\_

IMPORTANT: Return signed & completed timecard to Shannon Staffing no later than 1:00 PM on the Monday following this assignment week.

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