			UNPAID TIME			PAID	EMPLOYEE NAME	Last 4 of SSI
	MM/DD/YY	IN for Day	OUT for Break IN	from Break	OUT for Day	HRS		
MON							CLIENT CO.	
TUE								
WED							Assignment complete/ended? Y / 4 hours minimum per employee per assig	
THU							CLIENT REP. SIGNATURE	i
							_	
FRI							sign I hereby certify that the hours shown wer	dat
SAT							me during the week designated and (2) co	ertified by an
SUN							authorized representative of the client. I that I am to contact Shannon Staffing, as	
vertime	: Employees w	ill be paid "time & o Shannon Staffing,	ne half" for time worked o	ver 40 hours	in the work week.  TOTAL HOURS		after completing this assignment to discu assignment and that if I do not do so, I an	
		1590-B Coshocton	Ave, Mt Vernon, OH 430		sum of all Paid Hrs	d Hrs notice to Shannon Staffing that I voluntarily quit		
			040; fax (740) 397-2114 Shannonstaffing.com	'	up to 40 hrs/wk		employment with them. I further certify that no injuries or illness were suffered by me during this period.	
E					TOTAL OT HOURS  hrs over 40/wk		EMPLOYEE SIGNATURE	•
		•	imecard to Shannon Staff	ing no later t			_	
n the M	onday followir	ng this assignment v	veek.				sign	dat
			UNPAID TIME			PAID	EMPLOYEE NAME	Last 4 of SS
	MM/DD/YY	IN for Day	OUT for Break IN	from Break	OUT for Day	HRS		
MON							CLIENT CO.	I
TUE								
WED							Assignment complete/ended? Y / 4 hours minimum per employee per assig	
THU							CLIENT REP. SIGNATURE	i
FRI							_	
							sign I hereby certify that the hours shown wer	dat e (1) worked by
SAT							me during the week designated and (2) co	ertified by an
SUN							authorized representative of the client. I that I am to contact Shannon Staffing, as	my employer,
Overtime	: Employees w	ill be paid "time & o Shannon Staffing,	ne half" for time worked o Inc. / Payroll Dept.	ver 40 hours	in the work week.  TOTAL HOURS		after completing this assignment to discu assignment and that if I do not do so, I an	
1590-B Coshocton Ave, Mt Vernon, OH 43050					sum of all Paid Hrs TOTAL REG HOURS		notice to Shannon Staffing that I voluntarily quit employment with them. I further certify that no injuries	
			shannonstaffing.com	'	up to 40 hrs/wk		or illness were suffered by me during this period.	
					hrs over 40/wk		EMPLOYEE SIGNATURE	
		gned & completed t	imecard to Shannon Staff	ing no later t	han 1:00 PM		sign	dat
in the ivi	onday jonown	ig tills ussignment v	veen.				Sign	uati
			UNPAID TIME			PAID	EMPLOYEE NAME	Last 4 of SS
1401	MM/DD/YY	IN for Day	OUT for Break IN	from Break	OUT for Day	HRS	_	
MON							CLIENT CO.	
TUE								
WED							Assignment complete/ended? Y / 4 hours minimum per employee per assignment.	
THU							CLIENT REP. SIGNATURE	
FRI							- aign	
SAT							sign I hereby certify that the hours shown wer	
SAI							me during the week designated and (2) conduction authorized representative of the client.	
SUN				101			that I am to contact Shannon Staffing, as	my employer,
vertime	: Employees w	oll be paid "time & o Shannon Staffing,	ne half" for time worked o Inc. / Payroll Dept.	ver 40 hours	TOTAL HOURS		after completing this assignment to discu assignment and that if I do not do so, I an	
		1590-B Coshocton Ave, Mt Vernon, OH 43050 sum of all Paid Hrs phone (740) 397-2040; fax (740) 397-2114 TOTAL REG HOURS					notice to Shannon Staffing that I voluntarily quit employment with them. I further certify that no injuries	
	5	mountvernon@s	'	up to 40 hrs/wk		or illness were suffered by me during this period.		
					hrs over 40/wk		EMPLOYEE SIGNATURE	
			imecard to Shannon Staff	ing no later t	· ·		cian	45+
ııı ıne M	onaay Jollowir	ig this assignment v	veek.				sign	date