

	MM/DD/YY	IN for Day	UNPAID TIME		OUT for Day	PAID HRS	EMPLOYEE NAME	Last 4 of SSN
			OUT for Break	IN from Break				
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  
[mountvernon@shannonstaffing.com](mailto:mountvernon@shannonstaffing.com)

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

CLIENT CO.	
Assignment complete/ended? Y / N 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 SIGNATURE	
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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