

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

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

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



Shannon Staffing, Inc. / Payroll Dept.
1590-B Coshocton Ave, Mt Vernon, OH 43050
phone (740) 397-2040; fax (740) 397-2114
mountvernon@shannonstaffing.com

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

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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