

COLONY PERSONNEL ASSOCIATES, INC.

TEMP DIVISION

2845 Post Road
Warwick, RI 02886-3145
Tel: (401) 739-0670 • Fax: (401) 738-5523

WEEK ENDING	Mo / Day / Yr	EMPLOYEE: PRINT LAST NAME FIRST AND FIRST NAME INITIAL				
SOCIAL SECURITY NUMBER						
DAY	DATE MO/DAY	TIME IN	TIME OUT	LESS LUNCH PERIOD	TOTAL HOURS	
MON						
TUE						
WED						
THU						
FRI						
SAT						
SUN						
REGULAR HOURS:			OVER TIME:			

IMPORTANT FOR CLIENT: Execution of this form by the client constitutes a certification that the TOTAL hours listed are correct as stated, that the work was performed in a satisfactory manner. Minimum assignment: 4 hours.

CLIENT COMPANY: _____ DEPT.: _____

ADDRESS: _____

AUTHORIZED CLIENT SIGNATURE (Sign only for the Actual Time Worked)

PRINT: NAME AND TITLE

EMPLOYEE SIGNATURE

EQUAL OPPORTUNITY EMPLOYER

WHITE COPY - SEND TO COLONY PERSONNEL
YELLOW COPY - GIVE TO CLIENT
PINK COPY - KEEP FOR YOUR RECORDS

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