



22 W. Pennsylvania Ave. • Towson, MD 21204
 410-296-5044 Fax 410-339-7937
Large Enough To Serve...Small Enough To Care

Client Company

Address

Department

CLIENT - PLEASE NOTE TERMS

Authorized Client Signature
 Verify hours and sign for actual time worked.

Please Print Name, Title and Phone

TERMS: It is agreed, acknowledged and understood that all personnel furnished to the client by Marge Fox Personnel Services, Inc. are the employees of that service and the Client shall not employ the person named on this report either part-time, full-time, temporary or contractually for a period of ninety (90) days after the last date of work shown on this report, or will pay a liquidation charge equal to fifteen percent (15%) of their annual wages or salary.

FOR OFFICE USE ONLY

| | | |
|--|--|--|
| | | |
| | | |

INSTRUCTIONS TO THE EMPLOYEE: This form is your responsibility. Fill in the hours you work **daily**.

To assure prompt processing of your paycheck, be certain to fill in all the information requested on this form by typing or printing clearly with a ballpoint pen. Also, be sure the information is correct and the time sheet is in our office as required. Please note: ANY MISSING OR INCORRECT INFORMATION COULD DELAY THE PROCESSING OF YOUR PAYCHECK.

Telephone our office when your job is completed to advise us if you are available for more work and fill in the appropriate spaces on this form.

Please make 3 copies after completing the form. Give one copy to the client supervisor, keep one copy for your records and send the original and one copy to our office.

Refer to the policy folder you received when you began your employment for further information.

Employee Name:

TIME SHEET MUST BE MAILED WEEKLY

| Day | Date | Time Started | Time Finished | Less Lunch Period | TOTAL |
|---|------|--------------|---------------|--------------------|-------|
| Monday | | | | | |
| Tuesday | | | | | |
| Wednesday | | | | | |
| Thursday | | | | | |
| Friday | | | | | |
| Saturday | | | | | |
| Sunday | | | | | |
| Total hours to the nearest 1/4 hour for the week. | | | | TOTAL HOURS | |

Straight Time Hours:

Overtime Hours:

EMPLOYEE CERTIFICATION/AGREEMENT: I certify that the information on this form is true and correct, and I agree to its TERMS. I further agree to immediately notify Marge Fox Personnel Services, Inc. when my temporary job assignment is completed and to call the office daily for additional job assignments. I understand that failure to follow these procedures will declare my intent not to seek further employment from Marge Fox Personnel Services, Inc. and will serve as notice of my voluntary resignation.

Employee Signature:

Is this job Continuing
 Yes No

If job ended, are you available for another job? Yes No
 If Yes, next available date: _____

JOB CLASSIFICATION

Mail Check Hold Check For Pick-up

Week Ending Sunday:

Mo. / Day / Yr.