

## 310 SW 4th Ave, Suite 430 Portland, OR 97204 Phone 503.227.2211 Fax 503.227.4446

Company Name Week Ending Sunday							
Address					City		
Report to / Supervisor					Job Order Number		
Job title / Department					Hold my check?  ☐ Yes, hold my check		
					□ No, mail or deliver		
Employee Name					Available for work?		
					☐ Yes, I am available ☐ No, I am unavailable		
Employee Signature					When available?		
<u>X</u>							
Day	Date	HOURS TO NEAREST QUARTER HOUR  Started Finished Less Lunch Reg Hours OT Hours					
Mon	Date	Started	Fillistieu	Less Luii	ii kegi	Tours	OTHOUS
Tues							
Wed							
Thurs							
Fri							
Sat							
Sun							
FOUR (4) HOUR MINIMUM PER ASSIGNMENT					or Overtime		
Client Phone Number					MIN	HRS	MIN
Client	none Number						
						HRS	MIN
Client Name					Il Hours to the earest quarter		
					-50 9001001		
Author	ized Signature (C	lient)					
<u>X</u>							
	<del></del>		<del></del>		<del></del>	<del></del>	