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EMPLOYEE NAME

EMP. NO.

WEEK ENDING

CLIENT NAME

CLIENT NO.

ROLE

CLIENT ADDRESS

START-TIME

ORDER No./EXPENSES

REPORTING TO

WE WILL PAY STAFF IN ACCORDANCE WITH HOURS AGREED (SEE BELOW).
 PLEASE CALCULATE HOURS AND **SIGN ONLY FOR HOURS WORKED.**
 HOURS WORKED WILL BE CHARGED WITHOUT DEDUCTION.

Day	Mon	Tue	Wed	Thur	Fri	Sat	Sun	Total
Hours worked								

AGREED BY

Signature

Print Name

Position

Date

We agree that the hours worked are correct and will accept your account for the chargeable hours at the rate specified without deduction.

FOR OFFICE USE ONLY

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