

Liberty

STAFFING SERVICES

CUSTOMER'S NAME _____

JOB LOCATION (ADDRESS) _____

REPORT TO _____

ASSIGNMENT EMPLOYEE'S NAME (PLEASE PRINT) _____

I hereby certify that the hours shown hereon were worked by me during the week designated and were certified by an authorized representative of the customer. I understand that I am to contact the **LIBERTY** office after completing this assignment, to discuss another assignment, and, if I do not do so, **LIBERTY** may assume that I am not then available for work. I have read and agree to all terms and conditions on the reverse of this form.

ASSIGNMENT COMPLETE YES NO

ASSIGNMENT EMPLOYEE'S SIGNATURE _____

DAY	MONTH/ DAY	TIME IN	TIME OUT	LESS LUNCH PERIOD	TOTAL HOURS	
					REG.	O/T
MON.						
TUES.						
WED.						
THURS.						
FRI.						
SAT.						
SUN.						
WEEK STARTING DATE (MONDAY)				TOTAL HOURS FOR WEEK		

CUSTOMER APPROVAL

The total hours indicated were performed satisfactorily by the **LIBERTY** assignment employee, named on this form. I understand that should I hire this person there is a fee payable. I have read and agree to all terms and conditions on the reverse of this form.

SIGNATURE _____ TITLE _____

HOURS MUST BE IN BY MONDAY AT 3:00 P.M. !!

FOR YOUR CONVENIENCE, FAX US at
(519) 745-1552
 or
1-866-277-3596