EMPLOYEE/CONTRACTOR_____

☐ ASSIGNMENT IS CONTINUING
☐ ASSIGNMENT IS FINISHED
☐ QUIT ASSIGNMENT

SS#/FEIN

WEEK ENDING SATURDAY MO ____/ DAY ____/ YR ____

TOTAL HOURS WORKED

Hrs. | Min.

The undersigned, being a duty authorized agent of CLIENT, on CLIENT'S behalf, consents ie. agree to and acknowledge the accuracy, terms and conditions continued wherein and on the reverse side.

X
CLIENT: SUPERVISOR'S SIGNATURE

COMPANY/DIVISION

I certify that the hours worked are correct. I understand that when the job assignment is complete, I will notify CULTUREFIT within 24 hours and report my availability for work. While unemployed I understand it is my responsibility to report to CULTUREFIT each week, thereafter on Thursday with my availability for work. My failure to report represents voluntary resignation.

X
EMPLOYEE/CONTRACTOR SIGNATURE

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

-White Office Copy
-Canary Employee/Contractor Copy
- Pink Client Copy

## CULTUREFIT TECHNOLOGY STAFFING

| 847-945-7600 | SUN. | | MON. | | TUES. | | WED. | | THURS. | | FRI. | | SAT. | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Hrs. | Min. | Hrs. | Min. | Hrs. | Min. | Hrs. | Min. | Hrs. | Min. | Hrs. | Min. | Hrs. | Min. |
| TIME IN | | | | | | | | | | | | | | |
| TIME OUT | | | | | | | | | | | | | | |
| LESS LUNCH TIME | | | | | | | | | | | | | | |
| TOTAL TIME | | | | | | | | | | | | | | |

Instructions
1. Complete Time Card accurately
2. Have Time Card signed by customer
3. Mail one copy promptly to CultureFit
4. Leave copy with customer
5. Call us immediately when your assignment is completed or when assistance of any kind is needed

CultureFit
Technology Staffing

Fax 847-945-7676