



36 N. Johnson Street
Hartford, WI 53027

EMPLOYEE

I understand that I must notify the Boyd Hunter office within 24 hours of completing an assignment or I will be considered an employee who quit. I also understand that if I am absent from work during any portion of my regular scheduled hours I am to notify Boyd Hunter immediately. Answering machine in service after business hours 262-673-5203

Name (print)

Week Ending (Sunday)

Signature of Employee

**This timecard is due by MONDAY @ NOON
FAX 262-673-7565 / Hartford@boydhunter.com**

DAY	DATE	TIME IN	LUNCH OUT	LUNCH IN	TIME OUT	TOTAL STRAIGHT TIME	TOTAL OVERTIME
MON.							
TUES.							
WED.							
THURS.							
FRI.							
SAT.							
SUN.							
WEEK ENDING SUNDAY	MO. / DAY / YE.	Please Total Hours					

ARE YOU RETURNING TO ASSIGNMENT NEXT WEEK? YES NO

TOTAL STRAIGHT TIME TOTAL OVERTIME

Minimum Four (4) hours Per Employee Per Day

CLIENT

Boyd Hunter will invoice according to the above information. I certify that I am authorized to approve the hours above and that they are correct to the best of my knowledge. Transition/buy-out fees will apply if the above named individual is hired prior to 90 days / 520 hours

Client Company (print)

Approved by:

Authorized Supervisor's Signature