



**Superior Staffing, Inc.**

Accounting (330) 253-3415  
(330) 253-8080

120 E. Mill Street • Quaker Square, Suite 420 • Akron, Ohio 44308

WEEK ENDING (SATURDAY) SOCIAL SECURITY NO.

EMPLOYEE (Last Name) (First Name) (M.I.)

ADDRESS (CHECK IF NEW ADDRESS  )

**TIME SHEETS MUST BE IN OUR OFFICE BY 10:00 AM OF THE FOLLOWING TUESDAY!**

| DAY   | DATE WORKED | ROUND OFF TO NEAREST QUARTER HOUR<br>DO NOT USE MILITARY TIME |     |    |     | REG. HOURS | O.T. HOURS |
|-------|-------------|---|-----|----|-----|------------|------------|
|       |             | IN  | OUT | IN | OUT |            |            |
| SUN.  |             |   |     |    |     |            |            |
| MON.  |             |   |     |    |     |            |            |
| TUE.  |             |   |     |    |     |            |            |
| WED.  |             |   |     |    |     |            |            |
| THUR. |             |   |     |    |     |            |            |
| FRI.  |             |   |     |    |     |            |            |
| SAT.  |             |   |     |    |     |            |            |

As an employee of Superior Staffing, Inc., I understand that I must complete a minimum number of 480 hours with the customer to which I am assigned before I am eligible to accept a permanent or temporary position with that same customer, should such a position be offered.  
**I agree to the terms and conditions on the reverse side.**

WEEKLY TOTAL HOURS  FIRST ASSIGNMENT

**X** \_\_\_\_\_  
EMPLOYEE SIGNATURE

**CUSTOMER TO COMPLETE THIS SECTION**

As a customer of Superior Staffing, Inc., I understand that employees of Superior Staffing, Inc. must complete a minimum number of 480 hours with the customer to which they are assigned before they are eligible to accept a permanent or temporary position with that same customer, should such a position be offered.  
**I certify that this Superior Staffing, Inc. employee worked the hours listed and agree to the terms and conditions on the reverse side.**

**X** \_\_\_\_\_  
CUSTOMER SIGNATURE TITLE

\_\_\_\_\_  
COMPANY NAME

**4 HOUR MINIMUM CHARGE PER ASSIGNMENT**