



Superior Staffing, Inc.

Accounting 330-253-3415

330-253-8080

701 S. Broadway Street • Akron, Ohio 44311

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 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