



INSTRUCTIONS:

1. Use a separate time sheet for each assignment and for each week's work.
2. Leave a copy with client.
3. **Fax, email or deliver your copy to our office at the end of your work week-no later than Monday morning. FAX: 859-296-0625**
4. If you have questions please call our office at 859-296-9525 (24/7)

COMPANY NAME (PLEASE PRINT)						
ADDRESS						
REPORT TO	DEPT.	JOB TITLE		WEEK ENDING / /		
I hereby certify that the hours shown were worked by me during the week ending shown above, and were properly certified by an authorized representative of the company named above. I certify that if I had a work related injury during this pay period that I reported the injury in accordance with Alliance's Company Policy, within a 24-hour time period.						
EMPLOYEE NAME (PLEASE PRINT)				How would you like to receive your check? (Please circle one)		
EMPLOYEE SIGNATURE X				Pick-up Mail		
EMPLOYEE NOTE: All unsigned time sheets will be returned to employee without a check. Any alterations will void this time sheet. A new time sheet is needed if you make an error.						
DAY	DATE	TIME IN	TIME OUT	LESS LUNCH	REGULAR HOURS	OVERTIME HOURS
MON						
TUE						
WED						
THU						
FRI						
SAT						
SUN						
CLIENT NOTE	(HOURS TO NEAREST ¼ HOUR)			REGULAR	OVERTIME	
	PLEASE WRITE TOTAL HOURS WORKED IN WORDS HERE			TOTAL HOURS		
MINIMUM: 4 HOURS PER EMPLOYEE PER DAY						
IMPORTANT FOR CLIENT: Execution of this form by the client constitutes a certification that the TOTAL hours listed are correct as stated, that the work was performed in a satisfactory manner and agreement by the Client to the agreed TERMS and CONDITIONS.						
CLIENT SIGNATURE OF ACCEPTANCE				PRINT NAME		
X AUTHORIZED SIGNATURE				PLEASE PRINT NAME HERE		
TITLE			PHONE NO.			
FAX # 859-296-0625						



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