

# Unique Employment Service

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FAX: 361.851.2931 or 361.851.5326

JOB # _____	ASSIGNMENT START DATE: _____	ASSIGNMENT END DATE: _____
Purchase Order # _____		

Day/Date	IN	OUT	LUNCH	TOTAL	Round off to nearest 1/4 hour
Mon/					
Tue/					
Wed/					
Thu/					
Fri/					
Sat/					
Sun/					
<b>TOTAL REGULAR HOURS:</b>					
<b>TOTAL OVERTIME HOURS:</b>					

White Copy To Unique Immediately, Yellow Copy To Employee, Pink Copy To Client Company  
PAYCHECKS AVAILABLE AFTER 8am on Friday

ALL TIME CARDS ARE DUE 12PM ON MONDAY! IT IS EMPLOYEE'S RESPONSIBILITY TO  
SUBMIT TIME. INCOMPLETE TIME CARDS WILL NOT BE ACCEPTED!

Employee \_\_\_\_\_ Phone \_\_\_\_\_ Social Security # \_\_\_\_\_

I hereby certify that the hours stated below were worked by me during the week designated and were certified by an authorized representative of *Unique's* Client.

I understand that I am to call the *Unique* HR Department at 1-800-824-8367 ext #110 within two business days of completing this assignment to discuss a new job assignment. If I do not, I may lose my right to collect unemployment benefits.

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Quality of work     Excellent     Satisfactory     Unsatisfactory

Client Company, Department \_\_\_\_\_ Supervisor & Phone \_\_\_\_\_

Job site address: \_\_\_\_\_

It is hereby agreed that the hours stated below are correct, and that work was performed satisfactorily. Hours in excess of 40 per week will be billed automatically at time-and-one-half. Supervisor approval indicates acceptance of Terms and Conditions on reverse side of client copy.

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_