

# Unique Employment Service

4646 Corona, Suite 100, Corpus Christi, TX 78411 Ph: 361.852.6392  
 FAX: 361.851.2931 or 361.851.5326

JOB # _____	ASSIGNMENT START 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 # _____
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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 contact the *Unique* office after completing this assignment to discuss another assignment, and if I do not, *Unique* will assume I am not available for work.  
 Employee's signature indicates acceptance of Terms and Conditions on reverse side of client copy.

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

Quality of work     Excellent     Satisfactory     Unsatisfactory

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