

# CHOICE LONG ISLAND

*Putting people to work since 1974*

EMPLOYEE NAME:	TITLE:
EMPLOYEE SOCIAL NUMBER:	CLIENT NAME:
DEPARTMENT:	SUPERVISOR:

DATE	START TIME	LUNCH	END TIME	REGULAR HOURS	OVERTIME HOURS	TOTAL HOURS
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						
	<b>WEEKLY TOTALS:</b>					

EMPLOYEE SIGNATURE:	DATE:
SUPERVISOR SIGNATURE:	DATE:

Choice Personnel, Inc Employee" Certification I certify that I have read, understand, and agree to comply with Choice Personnel, Inc Employee Handbook and that I have worked the hours reported on this Timesheet Agreement and I understand timesheet forgery, fraud, theft or embezzlement may constitute a crime; that my Assignment has not been changed; that I have not been asked to perform work that is unsafe or unlawful; that I have not suffered any injury or unacceptable condition of employment during this Assignment (failure to notify Choice Personnel Supervisor of injuries may result in delay or denial of benefits); that I have not had any discussions or offers of employment with Client which I have not reported to the Choice Personnel, Inc Supervisor. I understand that I must obtain permission from the Choice Personnel, Inc Supervisor before discussing or applying for any employment opportunity with Client and must receive confirmation from the Choice Personnel ,Inc Supervisor that Client has met all of Client's obligations to Choice Personnel, Inc before I may begin employment with Client.