

Personnel Pool of VA., Inc.

PO Box 1158, Bluefield, VA 24605
 (276) 326-3289
 Fax (304) 325-6817

TIME SHEET - 2**Employee Name:** _____**Company:** _____**Work Location:** _____**Week Ending:** _____

| | Date | Start Time | Lunch | | End Time | Daily Hours |
|-----------------------|------|------------|-------|----|----------|-------------|
| | | | OUT | IN | | |
| Mon. | | | | | | |
| Tues. | | | | | | |
| Wed. | | | | | | |
| Thurs. | | | | | | |
| Fri. | | | | | | |
| Sat. | | | | | | |
| Sun. | | | | | | |
| Weekly Totals: | | | | | | |

I certify no accident or injury was sustained while working on this assignment unless so noted in the comment section.

Employee Signature: _____**Comment:** _____

To the Supervisor: Please read before signing. Your signature constitutes verification of the hours worked by this employee, that work was performed satisfactorily, and in accordance with your agreement with Personnel Pool of VA., Inc. It also acknowledges you understand that Personnel Pool of VA., Inc. has invested a significant amount in recruiting, screening, and maintaining their database. As a result, you may not hire this person without written permission from Personnel Pool of VA., Inc. You may not transfer this person to the payroll of any other company or any other temporary service for 90 days after the completion of this assignment. To do so will cause you to incur a fee of 15% of the employee's yearly salary payable to Personnel Pool of VA., Inc. Supervisor also confirms that this employee was not ordered or requested to perform work that violated federal law or OSHA requirements.

Supervisor Signature: _____

By signing this time sheet you accept our Terms of Business.

Please Fax to: (304) 325-6817 no later than 12:00 Noon Monday.

For questions regarding your time sheet - please call the Payroll Office at (304) 325-3273.