



PSE STAFFING SOLUTIONS, INC
 676 EXTON COMMONS EXTON, PA 19341
 Phone: 610.594.9444 Fax: 610.594.9606

Week Ending Date (Fri.) _____

NAME (Print) _____

I hereby certify that the hours shown hereon were worked by me during the week ending designated, and were certified by an authorized representative of the customer.

 Employee's Signature

Firm: _____

Address: _____

Report to: _____

DAY	Time Started	Time Finished	Less Lunch Period	Total Regular Hours	Total Overtime Hours
MON.					
TUES.					
WED.					
THURS.					
FRI.					
SAT.					
			TOTAL HOURS		*
			(To nearest ¼ hour)		

Please Check: Assignment Continuing Assignment Completed

Time and One-Half Is Paid and Billed for All Approved Hours Worked Over 40 Per Week
 Customer must initial overtime hours in appropriate "Total Hours" block.

I certify that total hours shown are true and correct, and this signature is authorization to bill the named company for these hours. We understand that the temporary employee named above is a direct employee of PSE STAFFING SOLUTIONS, INC. It is understood that liquidation charges of \$5000.00 would be payable and DUE PSE STAFFING SOLUTIONS, INC. upon hiring of such employee.

Customer Approval:

By: _____

Date _____