ASSIGNMENT INFORMATION

CLIENT NAME

ADDRESS | CITY

REPORT TO: | TIME | DEPT.

TA-3 APPERSON PRINT MANAGEMENT SERVICES CALL 1-800-438-0162

BGI STAFFING SERVICES

7505 READING ROAD, SUITE 301
CINCINNATI, OHIO 45237
PHONE: (513) 761-5000 • FAX: (513) 821-4032

COMPANY NAME | WEEK ENDING SUNDAY

ADDRESS | CITY

EMPLOYEE NAME | HOLD MY CHECK ☐ MAIL MY CHECK ☐

SOCIAL SECURITY NUMBER | AVAILABLE FOR WORK? YES ☐ NO ☐

EMPLOYEE SIGNATURE X | WHEN AVAILABLE?

IMPORTANT FOR EMPLOYEE: BY EXECUTING THIS FORM, EMPLOYEE AGREES TO TERMS AND CONDITIONS ON REVERSE SIDE; CERTIFIES THAT THIS FORM IS TRUE AND ACCURATE, AND THAT NO INJURIES WERE SUFFERED.

DAY	DATE	HOURS TO NEAREST QUARTER HOUR				
		STARTED	FINISHED	LESS LUNCH	REG HOURS	O.T. HOURS
MON						
TUES						
WED						
THUR						
FRI						
SAT						
SUN						

PLEASE DRAW LINES THROUGH DAYS NOT WORKED

MINIMUM FOUR (4) HOURS PER EMPLOYEE PER DAY* | REGULAR HRS MIN | OVERTIME HRS MIN

CLIENT: PLEASE WRITE TOTAL HOURS IN WORDS TO NEAREST QUARTER HOUR ABOVE | TOTAL HOURS

PLEASE PRINT NAME (CLIENT) | TITLE

AUTHORIZED SIGNATURE (CLIENT) X | IS THIS EMPLOYEE CONTINUING THIS ASSIGNMENT? YES ☐ NO ☐

IMPORTANT FOR CLIENT: BY EXECUTION OF THIS FORM, CLIENT CERTIFIES THAT: HOURS SHOWN ARE CORRECT; WORK WAS DONE SATISFACTORILY; AND THAT CLIENT AGREES TO THE TERMS AND CONDITIONS ON THE REVERSE SIDE OF THIS FORM. PLEASE DRAW LINE THROUGH UNUSED SPACES ABOVE.

OFFICE COPY

WHSE # 23040 REV 8/00