

 BRENNAN STAFFING, LLC. 13100 Manchester Rd. Suite 210 St. Louis, MO 63131 Telephone: (314) 821-8966 Fax: (314) 821-8357	SUPERV. INITIAL	DAY	DATE MO/DAY	TIME IN	TIME OUT	LESS MEAL PERIOD	TOTAL HOURS	
		SUN					REGULAR	OVERTIME
	ASSIGNMENT WEEK ENDING: MO. DAY YEAR	MON						
	EMPLOYEE NAME:	TUES						
	CO./OFFICE ASSIGNED:	WED		DRAW LINE THROUGH DAYS NOT WORKED				
	JOB TITLE:	THURS						
	MAIL CHECK <input type="checkbox"/> PICK UP CHECK <input type="checkbox"/>	FRI						
Social Security Number: _____	SAT							
IMPORTANT FOR CLIENT: Client's signature or initial on this form certifies that the TOTAL HOURS LISTED ARE CORRECT AS STATED, THAT THE WORK WAS PERFORMED IN A SATISFACTORY MANNER AND AGREEMENT BY THE CLIENT TO THE TERMS AND CONDITIONS PRINTED ON THE REVERSE SIDE OF THIS FORM.							WEEKLY HOURS TOTAL FROM ABOVE	
CLIENT SIGNATURE							I CERTIFY THAT THE HOURS SHOWN WERE WORKED BY ME DURING THE WEEK INDICATED. I UNDERSTAND THAT I AM TO CONTACT THE BRENNAN STAFFING OFFICE AFTER COMPLETING AN ASSIGNMENT. NO TIME SHEET WILL BE ACCEPTED WITHOUT EMPLOYEE AND AUTHORIZED SUPERVISOR SIGNATURE.	
PLEASE PRINT NAME							EMPLOYEE SIGNATURE	