

1. Use a separate time sheet for each assignment and for each week's work.
2. Leave green copy with client.
3. Mail white, blue and yellow copies to our office no later than Friday evening.
4. Be sure to contact our office after each assignment.

**ALL-U-NEED PERSONNEL**  
**1712 EYE STREET, NW**  
**SUITE 620**  
**WASHINGTON, DC 20006**  
**202-408-7697**

COMPANY NAME (PLEASE PRINT) \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

REPORT TO \_\_\_\_\_ DEPT. \_\_\_\_\_ JOB TITLE \_\_\_\_\_ WEEK ENDING    /   /   

DAY	DATE	TIME IN	TIME OUT	LESS LUNCH	TOTAL HOURS
MON.					
TUES.					
WED.					
THURS.					
FRI.					
SAT.					
SUN.					

CLIENT NOTE  TOTAL HOURS (IN WORDS) \_\_\_\_\_ HOURS TO NEAREST 1/4 HOUR  TOTAL HOURS \_\_\_\_\_

*I hereby certify that the hours shown were worked by me during the week ending shown above, and were properly certified by an authorized representative of the company named above. I understand I am to contact the office after completing the Assignment to determine if there is other work available for me. I agree that if I do not contact the office upon completion of an assignment they can assume I am not available.*

EMPLOYEE NAME (PRINT) \_\_\_\_\_ EMPLOYEE SIGNATURE \_\_\_\_\_  
 X \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_ ARE YOU RETURNING TO THIS ASSIGNMENT? YES  NO  I WILL BE AVAILABLE FOR A NEW ASSIGNMENT ON DATE    /   /   

**MINIMUM: 4 HOURS PER EMPLOYEE PER DAY IMPORTANT FOR CLIENT:** Execution of this form by the client constitutes a certification 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. PLEASE DO NOT ADVANCE MONIES TO EMPLOYEES.

CLIENT PRINT NAME \_\_\_\_\_ CLIENT SIGNATURE OF ACCEPTANCE \_\_\_\_\_  
 X \_\_\_\_\_ AUTHORIZED SIGNATURE

**DO NOT WRITE BELOW THIS LINE (FOR OFFICE USE ONLY)**

SOCIAL SECURITY NUMBER \_\_\_\_\_ CLIENT NO. \_\_\_\_\_ PURCHASE ORDER NO. \_\_\_\_\_

JOB CAT. \_\_\_\_\_ COMP CD \_\_\_\_\_ REG. HOURS \_\_\_\_\_ OVERTIME HRS. \_\_\_\_\_ CBR \_\_\_\_\_ EPR \_\_\_\_\_

VOUCHER NO. \_\_\_\_\_ VOUCHER AMT. \_\_\_\_\_

SP. CODE	CO. CD. DESCRIPTION	SPB	SPP
1			
2			

**EMPLOYEE NOTE:** All unsigned time sheets are to be returned to employee without a check. Any alterations will void this time slip. Make out new time slip if you make an error.