

ASSIGNMENT INFORMATION		
COMPANY NAME	FLOOR	HOURS
ADDRESS		
REPORT TO:		

COMPANY NAME		WEEK ENDING SUNDAY	
ADDRESS			
JOB TITLE		JOB NUMBER	
EMPLOYEE MUST FILL IN BELOW		SOCIAL SECURITY NO.	
<input type="checkbox"/> MAIL MY CHECK	<input type="checkbox"/> HOLD		
EMPLOYEE: I CERTIFY THAT THE HOURS SHOWN HERE ON REPRESENT THE TOTAL HOURS WORKED THIS WEEK BY ME, AND WERE PROPERLY VERIFIED BY THE CLIENT.		EMPLOYEE NAME	
EMPLOYEE SIGNATURE			
X			
CLIENT: YOUR SIGNATURE REPRESENTS THAT YOU ARE IN AGREEMENT WITH ALL THE TERMS AND CONDITIONS ON FRONT AND REVERSE SIDE HEREOF AND THAT THE HOURS SHOWN ARE CORRECT AND THE WORK WAS COMPLETED SATISFACTORILY.			
AUTHORIZED SIGNATURE		TITLE	
X			
AUTHORIZED NAME (PLEASE PRINT)		IS THIS EMPLOYEE CONTINUING THIS ASSIGNMENT?	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	

THE LAURY GROUP

An Affiliate of Cairor

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DAY	DATE	HOURS TO NEAREST QUARTER HOUR			
		STARTED	FINISHED	SUBTRACT LUNCH	HOURS
MON					
TUES					
WED					
THU					
FRI					
SAT					
SUN					
					TOTAL HOURS
					HOURS

TOTAL HOURS TO NEAREST QUARTER HOUR (1/4, 1/2, 3/4 ONLY). MINIMUM FOUR (4) HOURS PER EMPLOYEE PER DAY. ANY HOURS OVER 40 WILL BE COMPUTED AT TIME PLUS ONE HALF.

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