

CAPITAL AREA STAFFING SOLUTIONS INC. BANGOR AREA STAFFING SOLUTIONS

(207) 620-7823

(PLEASE PRINT)

Field Employee Name: _____

Client Company Name: _____

**DUE SUNDAY BY CLOSE OF BUSINESS, VIA FAX (207) 621-1081
OR BY EMAIL DawnT@CapitalAreaStaffing.com**

JOB DESCRIPTION	WEEK ENDING DATE
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	DATE	START	FINISH	LUNCH	TOTAL
MONDAY					
TUESDAY					
WEDNESDAY					
THURSDAY					
FRIDAY					
SATURDAY					
SUNDAY					
(OVERTIME WILL BE PAID IN EXCESS OF 40/HRS PER WEEK)					TOTAL

FIELD EMPLOYEE: I hereby certify that the hours shown hereon represent the total hours worked by me at this Client this week, and were also verified by said Client or its authorized, undersigned representative. **I understand that it is my responsibility and obligation to contact CASS before the end of my current assignment. My failure to do so constitutes my voluntary resignation of my employment.** I ALSO UNDERSTAND THAT UNSIGNED OR ALTERED TIMECARDS WILL BE RETURNED WITHOUT A PAYCHECK. IT IS MY RESPONSIBILITY TO OBTAIN ALL NECESSARY SIGNATURES AND FILL OUT A NEW TIMECARD IF ERRORS ARE MADE.

FIELD EMPLOYEE SIGNATURE: _____

CLIENT: Being duly authorized on behalf of or as Client, the undersigned agrees that the hours shown are correct and the work performed by the Field Employee was satisfactorily completed. The Client understands and agrees that Capital Area Staffing Solutions, Inc. ("CASS") has incurred substantial recruitment, screening, testing, administrative, and marketing expenses in connection with any temporary, temporary to hire, or direct hire candidate(s) forwarded to Client. Therefore, should Client hire any candidate(s) within ninety (90) days after having first been sent to Client, without prior, written agreement with CASS, Client agrees to pay a separation fee. A fee schedule is available from CASS upon request.

CLIENT SIGNATURE: _____