TIME SHEET

FIRSTOPTION WORKFORCE SOLUTIONS

210-733-3700   210-733-3711 fax

Employee's Name: _____

I certify that the hours shown were worked by me during the week indicated and I was not injured during the course of this work week. I understand I am to contact the FIRSTOPTION WORKFORCE SOLUTIONS office within 24 hours after the completion of an assignment and if I fail to do this, FirstOption Workforce Solutions will presume I quit.

	MONDAY	TUESDAY	WEDESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
DATE							
TIME STARTED							
TIME FINISHED							
LESS LUNCH							
HOURS WORKED							

It is understood that the undersigned is an authorized representative of the company and hereby certifies that the hours listed on this time sheet are correct and the work was performed to your satisfaction. If the client company desires to hire this person on a permanent basis, it is agreed that notification of this intent will be given to FIRSTOPTION WORKFORCE SOLUTIONS and the person will remain on the payroll for a period of 520 hours from the date of notification or the client will pay a transfer fee of $1500. Client also agrees that if payment is not made within 30 days fo the invoice date the client is subject to an additional finance charge of 18% annually, charge not to exceed the maximum percentage rate allowed by law.

TOTAL HOURS WORKED

HOURS   MINUTES

Client Signature: _____