Branch Copy Invoice Copy Postal Code month-date-year

49 St. Clair Avenue West,

Suite 100,

Toronto, ON M4V 1K6 Telephone: (416) 515-2073 Fax: (416) 515-8351

www.personnelopportunities.com

IMPORTANT FOR CLIENT Signature constitutes certification that hours listed are correct and that the work

performed was satisfactory, and in agreement to the terms outlined below.

**Clients Full Name \***

Prefix First Name Middle Name Last Name

**Client Supervisor:**

Full Name

Title

**Authorized Client Signature:**

**Address**

**Street Address**

**Street Address Line 2**

**City**

**State / Province**

**Week Ending:**

dfsdsdfsdf

 Employee Copy Client Copy

 **Date Available for Work:**\_\_\_\_\_\_/\_\_\_\_/\_\_\_\_\_

 Available for Work? Assignment Continuing? **Employee Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Yes No Yes No First Name Last Name

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Start Time | Finish Time | Less Lunch | Total Hours |
| Saturday |  |  |  |  |
| Sunday |  |  |  |  |
| Monday |  |  |  |  |
| Tuesday |  |  |  |  |
| Wednesday |  |  |  |  |
| Thursday |  |  |  |  |
| Friday |  |  |  |  |
| Total Hours(to near ¼ hr.) |  |  |  |  |

 S.I.N. #

 \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

I HEREBY CERTIFY THAT THE HOURS SHOWN ARE ACCURATE AND THAT NO INJURY WAS SUSTAINED ON THIS ASSIGNMENT.

Employee Signature