



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:

- Branch Copy Invoice Copy
 Employee Copy Client Copy

Address

Street Address

Street Address Line 2

City

State / Province

Week Ending:

Postal Code

month-date-year

Assignment Continuing?

- Yes No

Available for Work?

- Yes No

Date Available for Work:

month-date-year

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

Employee Name

First Name Last Name

S.I.N. #

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

Employee Signature