

Your Name  
(Please Print) \_\_\_\_\_

smartresources inc.  
20 S. Clark Street, #1450 Chicago, IL 60603  
(312) 696-5306 • Fax: (312) 696-0317

	Month	Day
Week Ending Sunday		

Employee Signature \_\_\_\_\_

LAST 4 DIGITS SOCIAL SECURITY #				
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FIGURE YOUR TIME TO NEAREST 1/4 HOUR	Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Sunday	
	HRS.	MIN.	HRS.	MIN.	HRS.	MIN.	HRS.	MIN.	HRS.	MIN.	HRS.	MIN.	HRS.	MIN.
Time In														
Time Out														
Less Lunch Time														
<b>TOTAL</b>														

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Department

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
**Authorizing Signature**

Verifying hours below

**TOTAL HOURS WORKED**

Straight Time

Overtime after 40 hours

smartresourcesinc. has incurred expenses in acquiring, training and screening its personnel to better serve you. Client agrees that if it should employ EMPLOYEE during this assignment or within 180 days thereafter, client agrees to pay smartresourcesinc. a liquidation fee based upon skill level and percentage of annual salary