

STAFFING Resources



Midland Born, Midland Managed, Midland Operated since 1980.

NOTE: We must receive your SIGNED timecard by MIDNIGHT SUNDAY for your paycheck to be ready WEDNESDAY NOON. Timecards received after this time will be processed the following week.

ENTER YOUR INFORMATION ELECTRONICALLY

EMPLOYEE NAME

YOU MUST notify us if you are LATE or not at WORK!

<input type="checkbox"/> This Assignment is Continuing indefinitely.	<input type="checkbox"/> I Will Pick Up My Check
<input type="checkbox"/> This Assignment Will End On: _____	<input type="checkbox"/> _____
<input type="checkbox"/> This Assignment Has Ended. I'm Available.	will pick up my Check
<input type="checkbox"/> Assignment Has Ended. Available Again On: _____	
<input type="checkbox"/> Assignment Has Ended. Not Available.	<input type="checkbox"/> Mail My Check

COMPANY NAME

ADDRESS

REPORT TO

DEPT.

DATE MO/DY/YR	CALCULATE TIME TO NEAREST ¼ HOUR				STAFFING OFFICE USE ONLY
	START TIME	FINISH TIME	LESS LUNCH	TOTAL TIME	
MON.					
TUE.					
WED.					
THU.					
FRI.					
SAT.					
SUN.					

Four hour minimum per employee per Job Assignment

TOTAL HOURS THIS WEEK

CUSTOMER APPROVAL

The undersigned certifies that the above hours are correct and that work was done in a satisfactory manner. We recognize the substantial investment that **Staffing Resources** has in advertising, testing and maintaining its staff. Therefore, in consideration for this service being made available to us, we agree that, in the event that our firm is interested in offering the above named person any type of employment, whether it be Temporary, Full-Time, Permanent or Contract within ONE YEAR as of the above date, the client will retain such employee on a trial basis period using **Staffing Resources** services for a total of 520 hours or a Liquidation Fee can be processed.

X _____
SUPERVISOR OR DEPARTMENT HEAD SIGNATURE

Employee, please type name of Supervisor:

FAX 432.684.0836

DO NOT WRITE BELOW THIS LINE - FOR OFFICE USE ONLY

HOURS		RATE		EXTENSIONS		TOTAL
REG.	OT.	REG.	OT.	REG.	OT.	

Staffing Resources

1601 W. Texas
Midland, TX 79701
432.684.0527
Fax 432.684.0836

INSTRUCTIONS:

1. Fill out form.
2. Save the form for repeated use if desired.
3. Print form.
4. Get necessary signature.
5. Fax to **Staffing Resources**.
6. Keep original for your records.
7. Make a copy for the Client.

EMPLOYEE NOTICE:

I hereby certify that the hours shown were worked by me during the week ending shown below and were properly certified by an authorized representative of the named company at the bottom hereof. I understand I am to contact **Staffing Resources** office after completing the assignment to determine if there is other work available for me. I agree that if I do not contact **Staffing Resources** upon completion of an assignment they can assume I am not available for work. Call us at the end of your assignment, if not you will lose your unemployment benefits.

X _____
Employee Signature

Date: _____