

SELECTEMP®

EMPLOYMENT SERVICES
 P.O. Box 71250 • Eugene, OR 97401
 541.746.6200 Fax 541.746.7380

PLEASE PRINT

EMPLOYEE NAME
SOCIAL SECURITY NUMBER
COMPANY NAME
WEEK ENDING DATE
<input type="checkbox"/> ASSIGNMENT COMPLETED <input type="checkbox"/> RETURNING NEXT WEEK
HAVE YOU HAD AN ON THE JOB INJURY THIS WEEK? <input type="checkbox"/> YES IF YES, NOTIFY SELECTEMP IMMEDIATELY. <input type="checkbox"/> NO

	START	STOP	LESS LUNCH	REG HOURS	OVERTIME HOURS
Sunday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
	Hours to nearest quarter hour.			TOTAL	TOTAL

FOR OFFICE USE ONLY

REG. HOURS	O.T. HOURS
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EMPLOYEE

I certify that the hours shown represent my total hours worked during the week, and that they were properly verified by the client or by an authorized representative. Also, any work related injuries were reported to Selectemp at the time of injury. See reverse for further information.

X

Signature of Employee

CLIENT

We realize that to transfer one of Selectemp's employees to our payroll requires a settlement. See reverse for further information. I hereby certify that the above hours are correct.

X

Signature of Supervisor

Title

Date