



Fireside Staffing, Inc.
 17 Gaudet Lane, Pelham, NH 03076
 Tel: 1-800-481-6056 - Fax: 603-635-1641
 www.firesidestaffing.com

TIMESLIP

Employee Name: _____	Social Security #: _____
Client Name: _____	Report to: _____
Street Address: _____	City: _____ State: _____ Zip: _____

TOTAL HOURS TO THE NEAREST 1/4 HOUR - MINIMUM ASSIGNMENT 4 HOURS

DAY	DATE	TIME IN	LESS MEALS	TIME OUT	SUPV. INIT	REG HRS
MON						
TUE						
WED						
THUR						
FRI						
SAT						
SUN						

Week ending date: _____

FOUR HOUR MINIMUM
 PER EMPLOYEE PER DAY.

Customer Approval

I agree not to employ the above named temporary directly or indirectly for a period of one hundred eighty (180) days from this date. If the employee named herein is hired, I agree to pay as indicated as liquidated damages to Fireside Staffing, Inc., upon demand the sum of five thousand (\$5,000) dollars for breach of contract.

 AUTHORIZED CLIENT SIGNATURE

 FACILITY NAME

I, the undersigned certify that this is an accurate record of my working time during this week and these hours were properly verified by the client or an authorized representative. I agree NOT to be employed by the client named above for a period of one hundred (180) days following the termination of this assignment. I also certify that no injury was incurred by me during this assignment.

 TEMPORARY SIGNATURE (PLEASE SIGN)