

PR Office 267-338-1170

Please complete timesheet and fax to number above

EMAIL: dmiranda@centrixstaffing.com

EMPLOYEE NAME						HOLD	PAYCHECK	MAIL PAYCHECK □	
COMPANY NAME	ADDRES	ADDRESS							
WEE	K ENDING	SATURE	DAY:	Mon	ΤΗ	DAY	YEAR		
DAY	MONTH / DATE	TIME IN	Тіме	Оит	LESS L	UNCH	REG HRS	OTH	IRS
SUNDAY									
Monday									
TUESDAY									
WEDNESDAY									
THURSDAY									
FRIDAY									
SATURDAY									
Four Hour D	AILY MINIMUM T	OTAL H	OURS	For 1	THE W	EEK			
						_	0: :=::= 1 ====		
EMPLOYEE INSTRUCTIONS				CLIENT AGREEMENT  om St entru vee attended					
Use a separate timesheet for each as The timesheet must be signed by y timesheet can be processed.  Temporary employees will be paid straigl day and time-and-a-half for hours worke week. Temporary employees are permi and approves such work. Notify CEN's substantially from the assigned job descri Payday will be FRIDAY following the w 7024 (the number on top of timesheet) by assignment mid-week, fax the timesheet of between noon and 3:00 pm at your local of presentation of original signed timesheet.  If you wish your check mailed, we will ma Please do not mail your timesheet to our In consideration of my hiring and employr not to accept any employment or indepen full-time or part-time, with a customer of C within a period of 180 days following the t I understand that my employment with CE customer of CENTRIX STAFFING is at-w reason or no reason.  I agree to contact CENTRIX STAFFING STAFFING will assume that I am not an CENTRIX STAFFING without good cau	ed in addition to 8 hours tted to work overtime ON TRIX STAFFING immed ption.  Teek worked. Fax this tin to close of day on Friday. I on your last day. Checks CENTRIX STAFFING offic iil it upon receipt of origina Post Office Box.  The control of the control of the control teen to your last day. Checks CENTRIX STAFFING offic the control of origina post Office Box.  The control of origina post Office Box.  The control of origina the c	per day or 40 h  ILY if the client iately if job duti nesheet to (215).  Note: If you finis may be picked use on Fridays up  al signed timeshe  FING ("Centrix"), y or indirectly, wl whom I am assignment at any time for a	nours per nours per requests in 270-10 non neet.  I agree hether need with a any	with the Claws or re Employee later acception of the control of th	gulations regulations regulati	I Safety and I Saf	f any Cus ble for classifications and all aims a literature and all aims a literature and at a literature	bwned de un NG laim; (iv) Custonended, and all optrolled by Cromply with all optrolled by Crompl	vehicle; dunless mer days omer shall fully comply I other safety and health ustomer to which II federal, state and local I federal, state and local I federal, state and local I federal, state and local in texpense for advertising froe, in consideration of porary employee is hired II be obligated to pay a studie in effect at the time
be denied.  EMPLOYEE SIGNATURE		DATE		By signing subsidiar individual company and corre	STAFFING  ng this Tin  ries, affilia  I signing  and certif	e is notified nesheet Agentes, agent this times fies that the the work	within the first four greement, Custon is and assignee sheet is an aut	mer, on beha s, agrees to horized repre as entered o	If of itself and all of it the above terms. The esentative of the clier in the timesheet are tru

