



HUMAN RESOURCE SOLUTIONS

2831 Ringling Blvd, Bld A., Unit 101, Sarasota, FL 34237

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www.topshr.com

COMPANY NAME:

ADDRESS:

REPORT TO:

WEEK ENDING:

DAY	DATE	TIME IN	TIME OUT	LUNCH	TOTAL HOURS
MON					
TUES					
WED					
THUR					
FRI					
SAT					
SUN					
TOTAL HOURS (IN WORDS)			TOTAL HOURS		

COMMENTS:

I hereby certify that the hours shown were worked by me during the week ending shown above, and were properly certified by and authorized representative of the company named above. Employee certifies no accident or injury was sustained while working on the assignment unless noted in the comments section above. TOPS HR Solutions reserves the right to reduce wages to minimum wage for assignments not completed.

EMPLOYEE NAME (PRINT)

EMPLOYEE SIGNATURE

CLIENT PRINT NAME

CLIENT SIGNATURE

x _____