

1 STOP STAFFING, INC.

2525 Rt. 130 • Bldg. A
Cranbury, NJ 08512
Phone: 609-395-1800
Fax: 609-395-0828

EMPLOYER _____
ADDRESS _____
CITY _____
WEEK ENDING _____
APPLICANT NAME _____

REPORT ALL TIME TO NEAREST 1/4 HOUR

DATE	DAY	IN	LUNCH PERIOD	OUT	DAILY TOTAL
	MON.				
	TUE.				
	WED.				
	THUR.				
	FRI.				
	SAT.				
	SUN.				

AGENCY COPY (ON WHITE) COMPANY COPY (ON YELLOW)

ARE YOU RETURNING? YES <input type="checkbox"/> NO <input type="checkbox"/>	TO OUR CLIENT: Please see that TOTAL HOURS are shown in these boxes BEFORE you sign this time sheet (Do not include lunch time)	STRAIGHT TIME
		OVERTIME

I CERTIFY THAT I HAVE WORKED THE HOURS LISTED ON THIS TIME SHEET

EMPLOYEE'S SIGNATURE _____

I CERTIFY THAT THE ABOVE MILLER STAFFING EMPLOYEE WORKED THE HOURS LISTED ON THIS TIME SHEET

SUPERVISOR'S SIGNATURE DATE TITLE