



Fax Cover Sheet

Date: _____

To: _____

Company: _____

Phone: _____

Fax: _____

From: _____

Phone: _____

Fax: _____

Notes: _____



19 West 44th Street, 9th Floor
 New York, NY 10036
 Phone: 212.986.3600

FAX: 212.937.2386

STAFFING & RECRUITING • ONSITE OUTSOURCING EQUAL OPPORTUNITY EMPLOYER

JOB ORDER # **UNSIGNED TIME RECORD, INCORRECT INFORMATION, OR MAILING LATE WILL CAUSE DELAY IN RECEIVING YOUR PAY.**

EMPLOYEE NAME (PRINT) _____ WEEK ENDING SUNDAY _____

SOCIAL SECURITY # _____

I hereby certify that the hours indicated were worked by me during the week ending as of the date shown above and were properly certified by an authorized representative of the company named below.
 Upon completion of my assignment, I agree to so inform Forrest Solutions and advise whether or not I am available for other work. If I fail to do so, Forrest Solutions can assume I am not ready, willing, or able to work.

EMPLOYEE SIGNATURE _____

FOUR (4) HOUR PER DAY MINIMUM PER EMPLOYEE					
	DATE	TIME STARTED	TIME FINISHED	LESS LUNCH PERIOD	TOTAL HOURS
MONDAY		AM/PM	AM/PM		
TUESDAY		AM/PM	AM/PM		
WEDNESDAY		AM/PM	AM/PM		
THURSDAY		AM/PM	AM/PM		
FRIDAY		AM/PM	AM/PM		
SATURDAY		AM/PM	AM/PM		
SUNDAY		AM/PM	AM/PM		

NOTE: **WE CHARGE AND PAY TO THE NEAREST QUARTER HOUR** TOTAL HOURS FOR WEEK _____

Shift 1 Shift 2 Shift 3 Weekend

We certify the hours indicated are correct and the work performed was satisfactory.

We understand that the temporary/staffing employee named above is a direct employee of **FORREST SOLUTIONS** and represents a substantial investment to that firm. We agree that for a period of one year after the completion of his or her assignment with us, we will not hire directly or through another staffing services firm this person in connection with whose assignment we are completing this time slip unless we reimburse **FORREST SOLUTIONS** 400 hours at Current Billing Rate in Liquidated Damaged for replacement costs for like personnel.

FORREST SOLUTIONS employees are not authorized to operate automotive equipment or machinery (other than office machines), or to perform any physical work. The undersigned, therefore, accepts full responsibility for bodily injury, property damage, fire, theft, collision, or public liability claims, any of which may be caused as a result of an accident while a **FORREST SOLUTIONS** employee is driving any vehicle, or operating any equipment on behalf of the undersigned. **FORREST SOLUTIONS** employees are not authorized to handle cash, negotiables, or other valuables without the written consent of **FORREST SOLUTIONS**.

Under no circumstances will **FORREST SOLUTIONS** be liable for any claims unless such claims are reported in writing to **FORREST SOLUTIONS** by the undersigned within 30 calendar days after termination of this person's temporary assignment.

FORREST SOLUTIONS INVOICES ARE FOR LABOR AND WE AGREE TO PAY SUCH INVOICES UPON RECEIPT.

It is hereby certified that the hours listed are correct and that work was performed in a satisfactory manner.

Company Name: _____

Authorized Signature: _____

Title: _____ Dept. or Div. _____

Avoid delays! Please mail, deliver, or fax to Forrest Solutions by FRIDAY.