

Fax Timesheet



Please fill out all fields completely.

Date: _____

TO	
Company:	
Name:	
Phone:	Fax:

FROM	
Company:	
Name:	
Phone:	Fax:

NOTES

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 reports 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.

Job Order #:	Week Ending Sunday:
Employee Name (Print):	
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 name 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) HOURS 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		
TOTAL HOURS FOR WEEK					
Note: We charge and pay to the nearest quarter hour.					
<input type="checkbox"/> Shift 1		<input type="checkbox"/> Shift 2		<input type="checkbox"/> Shift 3	
<input type="checkbox"/> Weekend					

AVOID DELAYS! Please email to fsspayroll@forrestsolutions.com or deliver to Forrest Solutions HQ by FRIDAY

Company Name	_____
Authorized Signature	_____
Title	_____ Dept. or Div. _____