



Time Sheet

FAX: 770-645-6349

Employee _____ Company _____

Employee Signature _____

As an employee of Action Staffing, it is your responsibility to call us when your assignment is complete. If we do not hear from you, we will assume you are no longer available for temporary assignments with Action Staffing.

COMPANY AGREEMENT, PLEASE READ BEFORE SIGNING. If customer is interested in having this person at a future date for another temporary assignment, please contact our office directly. If customer desires to hire the person on a permanent basis, customer agrees that employee will remain on ACTION STAFFING payroll for a period of 720 hours. Call our office for more information. Thank you for using Action Staffing.

Company Approval, your signature verifies these hours. You will be billed accordingly.

By _____

Date _____ Dept. _____

Week Ending Date (Use Sunday's Date) _____

Date	Start Time	End Time	Lunch Period	Total Hours
			Total to the nearest ¼ = .25 Hr.	

Please fax your time sheet to Action Staffing before 12:00 Monday. Fax 770-645-6349