

BFS ASSOCIATES INC.

600 Unicorn Park Drive
Woburn, MA 01801

(781) 721-6500
FAX (781) 721-6508
INFO@BFSASSOCIATES.COM

1. Please have this card signed by the authorized representative at the company in order for you to receive your weekly earnings.
2. After completing sheet, including signatures, keep 1 copy, remit 1 copy to *BFS ASSOCIATES INC.* and leave 1 copy with the company.
3. Be sure you have accounted for your lunch period.
4. Use a separate time sheet for each week worked.
5. Round off to the nearest quarter-hour.
6. Please have the completed signed card to our office no later than the close of business on FRIDAY.

Employee Name (Please Print)

____-____-____
Temp Phone Number

MO DAY YEAR
Week Ending SUNDAY:

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REPORT ALL TIME TO NEAREST QUARTER HOUR

Day	Date	Time IN	Lunch OUT	Lunch IN	Time OUT	TOTAL HOURS
MON						
TUE						
WED						
THU						
FRI						
SAT						
SUN						

TOTAL HOURS FOR WEEK:

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COMPANY APPROVAL

The hours shown above are correct. By signing this company approval, we agree to be bound by the Terms and Conditions of Assignment. The conversion fee is payable if you hire our employee assigned to you, regardless of the employment classification, on either a permanent, temporary (including temporary assignments through another agency) or consulting basis within six months after the last day of your assignment. You also agree to pay a conversion fee if our employee assigned to you is hired by a subsidiary or related company as a result of your referral of our employee to that company. Our conversion fee is 30% of annual compensation.

Authorized Client's Signature

Division or Department

Company Name

Street

City, State, Zip

Temporary Employee Signature (Please Sign)