

Fax Cover Sheet

Company: STAFFING & RECRUITING - ONSITE OUTSOURCING QUAL OPPORTUNITY EMP Phone: DISCORDER #	Date:	FS	C		C //		19 West 44th Str New York, N Phone: 212.9	Y 10036	
Phone: OB ORDER # UNSIGNED TIME RECORD, INCORRECT INFORMATION MAILING LATE WILL CAUSE DELAY IN RECEIVING YOUR FACE. EMPLOYEE NAME (PRINT) VEEK ENDING SUN FROM SECURITY # SECURIT	To:	STAFFING SO	STAFFING SOLUTIONS ONSITE OUTSOURCING				FAX: 212.937.2386		
Phone: EMPLOYEE NAME (PRINT) WEEK ENDING SUN ANALOUS ENDING SUN From: SOCIAL SECURITY SOCIAL SECURITY In the boar indicated were worked by my during the week ending as of the data show and way proprint outfield by an east over the presentative of the company named below. Upon completion of my assignment, age to as inform Forest loss of advise whether I am available for other work. If if all to do so, Forrest Solutions can assume I am not ready, will able to work. EMPLOYEE SIGNATURE FOUR (4) HOUR PER DAY MINIMUM PER EMPLOYEE FOUR (5) HOUR PER DAY MINIMUM PER EMPLOYEE FOUR (6) HOUR PER DAY MINIMUM PER EMPLOYEE FOUR MINIMUM PER EMPLOYEE FOUR (6) HOUR PER DAY MINIMUM PER EMPLOYEE FOUR MINIMUM PE	Company:	STAFFING & RE	STAFFING & RECRUITING • ONSITE OUTSOURCING				EQUAL OPPORTUNITY EMPLOYER		
From: SOCIAL SECURITY # Interest to the content of the company named before and the property certifical by an unabstrated operandation of the company named before above and we are property certified by an unabstrated operandation and advise whether I am available for other work. If fall to do so, Forrest Solutions and advise whether I am available for other work. If fall to do so, Forrest Solutions and advise whether I am available for other work. If fall to do so, Forrest Solutions and advise whether I am available for other work. If fall to do so, Forrest Solutions and advise whether I also work. EMPLOYEE SIGNATURE FOUR (4) HOUR PER DAY MINIMUM PER EMPLOYEE DATE	Phone:	JOB ORDER	JOB ORDER # UNSIGNED TIME RECORD, INCORRECT INFORMATION, OR MAILING LATE WILL CAUSE DELAY IN RECEIVING YOUR PAY.						
SECURITY # I hereby certify that the hours indicated were worked by me during the week ending as of the data babow and were property certified by an authorized representative of the company named below. Upon completion of my assignment, lagree to so inform furners Subtubons can assume 1 am not ready, will able to work. EMPLOYEE SIGNATURE FOUR (4) HOUR PER DAY MINIMUM PER EMPLOYEE TIME TIME TIME TIME TIME TIME TIME PERIOD TOTAL HOURDAY MONDAY MONDAY TUESDAY MOYAN WEDNISDAY MOYAN THURSDAY MOYAN SATURDAY MOYAN SATURDAY MOYAN SATURDAY MOYAN SATURDAY MOYAN SATURDAY MOYAN NOTE: WE CHARGE AND PAY TO THE MAREST TOTAL HOURS TOWNERS SHIFT I SHIP SHIP SHIP SHIP SHIP SHIP SHIP SH	Fax:	EMPLOYEE N	EMPLOYEE NAME (PRINT)				WEEK ENDING SUNDAY		
Above and were property cartified by an authorized representative of the company named below. Upon completion of my assignment, algree to so indiversible of the company named below with a ma variable for other work. If I fall to do so, Forrest Solutions can assume I am not ready, will able to work. FAX: EMPLOYEE SIGNATURE	From:		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
FOUR (4) HOUR PER DAY MINIMUM PER EMPLOYEE DATE TIME TIME ESS LUNCH TOTAL HOURS	Phone:	above and were Upon completic I am available fo able to work.	property in of my or other v	certified by an a assignment, I ag vork. If I fail to o	uthorized gree to so	d representative of inform Forrest S	the company nai	med below. se whether or not	
Notes: DATE STARTED TIME LESS LUNCH TOTAL HI MONDAY Mayes Mayes Mayes TUESDAY Mayes Mayes Mayes Mayes TUESDAY Mayes Mayes Mayes Mayes THURSDAY Mayes Mayes Mayes Mayes SATURDAY Mayes Mayes Mayes Mayes SATURDAY Mayes Mayes Mayes Mayes SATURDAY Mayes Mayes Mayes Mayes SUNDAY Mayes Mayes Mayes Mayes SINDAY Mayes Mayes Mayes Mayes Mayes SINDAY Mayes Mayes Mayes Mayes Mayes SINDAY Mayes Mayes Mayes Mayes Mayes Mayes SINDAY Mayes Mayes Mayes Mayes Mayes Mayes Mayes SINDAY Mayes Mayes Mayes Mayes Mayes Mayes Mayes Mayes SINDAY Mayes SOLUTIONS and represents a substantial investment to that firm. We agree that for a perior year after the completion of his or her assignment with use assignment we are completing it slip unless we reimburse FORREST SOLUTIONS and hours at Current Billing Rate in Lip Damaged for replacement costs for like personnel. FORREST SOLUTIONS employees are not authorized to operate automotive equipment or must which may be caused as a result of an accidinate FORREST SOLUTIONS with the undersigned, therefore, acc responsibility for bodily injury, property damage, fire, theft, collision, or public liability called the substantial property damage, fire, theft, collision, or public liability called the substantial of the property damage, fire, theft, collision, or public liability called the substantial of the property damage, fire, theft, collision, or public liability called the property damage, fire, theft, collision, or public liability called the property damage, fire, theft, collision, or public liability called the prop	Fax:	EMPLOTEE SI	GNATU	IKE					
MONDAY MAP MA	Notes:			TIME	PER DAY	TIME	LESS LUNCH	LESS LUNCH TOTAL HOLLPS	
WEDNESDAY WEDNESDAY MAY		MONDAY			M/ _{PM}		100000000000000000000000000000000000000	TOTALTIOOKS	
THURSDAY AM_M FRIDAY AM_M		TUESDAY		,	M/PM	AM/p	м		
SATURDAY AM		WEDNESDAY		,	AM _{PM}	AM/P	м		
SATURDAY AM		THURSDAY		,	AM/PM	AM/F	м	-	
SUNDAY SUNDAY AM_pM AM_		FRIDAY		,	M/PM	AM/p	м		
NOTE: WE CHARCE AND PAY TO THE NEAREST QUARTER HOUR Shift 1		SATURDAY		,	M/PM	AM/P	м		
NOTE: WE CHARCE AND PAY TO THE NEAREST QUARTER HOUR Shift 1		SUNDAY		,	M/PM	AM/F	м		
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 FSOLUTIONS and represents a substantial investment to that firm. We agree that for a perior year after the completion of his or her assignment with us, we will not hire directly or through staffing services firm this person in connection with whose assignment we are completing till punless we reimburse FORREST SOLUTIONS 400 hours at Current Billing Rate in Lie Damaged for replacement costs for like personnel. FORREST SOLUTIONS SOMPolyees are not authorized to operate automotive equipment or mit (other than office machines), or to perform any physical work. The undersigned, therefore, acc responsibility for bodily injury, properly damage, fire, theft, collision, or public liability claims which may be caused as a result of an accident while a FORREST SOLUTIONS while the properties of the vehicle, or operating any equipment on behalf of the undersigned. FORREST SOLUTIONS or are not authorized to handle cash, negotiables, or other valuables without the written cor FORREST SOLUTIONS. Under no circumstances will FORREST SOLUTIONS be liable for any claims unless such clareported in writing to FORREST SOLUTIONS by the undersigned within 30 calendar datermination of this person's temporary assignment. FORREST SOLUTIONS INVOICES ARE FOR LABOR AND WE AGREE TO PAY SUCH IN UPON RECEIPT. It is hereby certified that the hours listed are correct and that work was performed in a sati manner. Company Name: Authorized Signature: Dept. or Div.					NEARE		TOTAL HOURS		
We understand that the temporary/staffing employee named above is a direct employee of FC SOLUTIONS and represents a substantial investment to that firm. We agree that for a perior year after the crimburse FCAREST SOLUTIONS we will not hire directly or through staffing services firm this person in connection with whose assignment we are completing the slip unless we reimburse FCAREST SOLUTIONS 400 hours at Current Billing Rate in Lie Damaged for replacement costs for like personnel. FCAREST SOLUTIONS employees are not authorized to operate automotive equipment or me (other than office machines), or to perform any physical work. The undersigned, therefore, acc responsibility for bodily injury, property damage, fire, theft, collision, or public liability claims which may be caused as a result of an accident while a FCAREST SOLUTIONS employee is of in vehicle, or operating any equipment on behalf of the undersigned. FCAREST SOLUTIONS en are not authorized to handle cash, negotiables, or other valuables without the written cor FCAREST SOLUTIONS. Under no circumstances will FCAREST SOLUTIONS be liable for any claims unless such clareported in writing to FCAREST SOLUTIONS by the undersigned within 30 calendar datermination of his person's temporary assignment. FCAREST SOLUTIONS INVOICES ARE FOR LABOR AND WE AGREE TO PAY SUCH IN UPON RECEIPT. It is hereby certified that the hours listed are correct and that work was performed in a satimanner. Company Name: Authorized Signature: Dept. or Div.				V-1201	Week	end		-	
(other than office machines), or to perform any physical work. The undersigned, therefore, acc responsibility for bodily injury, property damage, fire, theft, collision, or public liability claims which may be caused as a result of an accident while a FORREST SOLUTIONS employee is drivehicle, or operating any equipment on behalf of the undersigned. FORREST SOLUTIONS em are not authorized to handle cash, negotiables, or other valuables without the written cor FORREST SOLUTIONS. Under no circumstances will FORREST SOLUTIONS be liable for any claims unless such clareported in writing to FORREST SOLUTIONS by the undersigned within 30 calendar datermination of this person's temporary assignment. FORREST SOLUTIONS INVOICES ARE FOR LABOR AND WE AGREE TO PAY SUCH IN UPON RECEIPT. It is hereby certified that the hours listed are correct and that work was performed in a sati manner. Company Name: Authorized Signature: Dept. or Div.		We understand SOLUTIONS an year after the co staffing services slip unless we Damaged for re	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.						
reported in writing to FORREST SOLUTIONS by the undersigned within 30 calendar da termination of this person's temporary assignment. FORREST SOLUTIONS INVOICES ARE FOR LABOR AND WE AGREE TO PAY SUCH IN UPON RECEIPT. It is hereby certified that the hours listed are correct and that work was performed in a sati manner. Company Name: Authorized Signature: Dept. or Div.		(other than offic responsibility fo which may be ca vehicle, or opera are not authori FORREST SOLU	(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.						
UPON RECEIPT. It is hereby certified that the hours listed are correct and that work was performed in a sati manner. Company Name:		reported in wri	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.						
Manner. Company Name:		UPON RECEIPT							
Authorized Signature: Dept. or Div									
Title: Dept. or Div		Company Name	Company Name:						
		- 1000000000000000000000000000000000000	Authorized Signature:						
Avoid delays! Please mail, deliver, or fax to Forrest Solutions by FRIDAY.									