ADVANCED EMPLOYMENT
2115 BROADWATER AVENUE
BILLINGS, MT 59102
406-652-8808

COMPANY NAME (PLEASE PRINT)		WEEK ENDING / /
STREET ADDRESS	CITY	STATE

EMPLOYEE NAME (PLEASE PRINT)	SOCIAL SECURITY NUMBER	EMPLOYEE SIGNATURE
		X

EMPLOYEE NOTE: I hereby certify that the hours shown were worked by me during the week ending shown above, and were properly certified by an authorized representative of the company named above. I understand I am to contact the office after completing the Assignment to determine if there is other work available for me. I agree that if I do not contact the office upon completion of an assignment they can assume I am not available. All unsigned time sheets are to be returned to employee without a check. Any alterations will void this time slip. Make out a new time slip if you make an error.

DAY	JOB #	JOB ADDRESS	DATE	TIME IN	TIME OUT	LESS LUNCH	TOTAL HOURS
MONDAY						( )	
TUESDAY						( )	
WEDNESDAY						( )	
THURSDAY						( )	
FRIDAY						( )	
SATURDAY						( )	
SUNDAY						( )	

CLIENT SIGNATURE OF ACCEPTANCE	PRINT NAME	CLIENT NOTE	TOTAL HOURS (IN WORDS)	TOTAL HOURS	HOURS TO NEAREST 1/4 HOUR

INSTRUCTIONS FOR FILLING OUT TIME SLIP
1) Use a separate time sheet for each assignment and for each week's work.
2) Leave gold copy with client, you keep the pink copy for your records.
3) Mail white, green, and canary copies to our office no later than Friday evening.
4) Be sure to contact our office after each assignment.

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