

NAME _____ SOCIAL SECURITY # _____ - _____ - _____

COMPANY _____ WEEK ENDING _____

Day	In	Out	In	Out
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				



**Professional
STAFFING SERVICES**

600 Spring Hill Ring Road
West Dundee, IL 60118
Phone: 847-836-5440
Fax: 847-836-1431

*Career Placement
Specialists*

Total Hours: _____ Approved By: _____

Temporary: _____ Employer: _____ Title: _____

I hereby authorize payment to the above named person for the hours specified. I authorize Professional Staffing Services to bill us directly for the services provided. I understand this person is an employee of Professional Staffing Services and that I may not transfer this person to the payroll of any other company or temporary service for 120 days after the completion of this assignment and that to do so will result in a fee equal to 20% of the employee's annual salary payable to Professional Staffing Services, due immediately. In the event this person is hired by our company directly or indirectly through the services of Professional Staffing Services, I agree to a conversion fee equal to 20% of the employee's annual salary.

White - Company Hard - Temp.