



14070 Proton Road
 Addison, TX 75244
 Office: 972-371-2920
 Fax: 972-371-2922

ENTER TIME NEAREST QUARTER (00, 25, 50, 75) Week Ending _____

DAY	DATES	REGULAR		OVERTIME		DOUBLE TIME	
	MONTH/DAY	HOURS	QTR. HOUR	HOURS	QTR. HOUR	HOURS	QTR. HOUR
MONDAY							
TUESDAY							
WEDNESDAY							
THURSDAY							
FRIDAY							
SATURDAY							
SUNDAY							
TOTAL TIME							

We understand that RPC Company is not an employment agency. It's services are supplied at great expenses to RPC Company. Therefore, in consideration thereof, we agree that if the employee named herein is employed by us within 90 days from the last day worked above, we will pay liquidated damages to RPC Company.

White - RPC

Yellow - Client

Pink - Employee

EMPLOYEE

Employee's Name (Print) _____

Employee's Social Security No. _____

I certify that the hours shown on this time sheet are correct.

Employee's Signature: _____

CLIENT INFORMATION

Client Company: _____

Is the assignment complete? Yes No

CLIENT APPROVAL

Being authorized on behalf of the above client the undersigned certifies that the indicated hours are correct and that the work was performed in a satisfactory manner.

Company: _____

By: _____ Title: _____

Print Name: _____ Date: _____