



Payroll Fax:

(678) 461-6612 (Atlanta Area)

(800) 728-9130 (Outside Atlanta)

[payroll@selectek.com](mailto:payroll@selectek.com)

Phone:

(678) 461-6600 (Atlanta Area)

(800) 354-6838 (Outside Atlanta)

|                   | DATE | TIME STARTED | TIME FINISHED | LESS LUNCH<br>(in minutes) | HOURS WORKED |
|-------------------|------|--------------|---------------|----------------------------|--------------|
| MON               |      |              |               |                            |              |
| TUE               |      |              |               |                            |              |
| WED               |      |              |               |                            |              |
| THU               |      |              |               |                            |              |
| FRI               |      |              |               |                            |              |
| SAT               |      |              |               |                            |              |
| SUN               |      |              |               |                            |              |
| Work<br>Order No. |      |              |               | Total                      |              |

EMPLOYEE NAME (Please Print)

---

EMPLOYEE SIGNATURE X \_\_\_\_\_

Has assignment been completed? \_\_\_\_\_ I certify that the hours shown were worked by me during the week indicated. I understand after completing an assignment I am to contact Selectek, Inc.

---

The person signing the time sheet affirms he or she is an authorized representative of Selectek, Inc.'s customer, information and hours on this document are correct, the work performed by the Selectek, Inc. temporary was satisfactory and that Selectek, Inc. is not responsible for any engineering or design error. The customer agrees the signature shown is an authorization for Selectek, Inc. to bill for services rendered. Customer agrees to pay the default charge together with reasonable cost of collection to include attorney's fees

---

X

COMPANY AUTHORIZED SIGNATURE

---

AUTHORIZED REPRESENTATIVE - PLEASE PRINT

---

COMPANY NAME - PLEASE PRINT

**PLEASE TURN IN AFTER FINISHING WORK ON FRIDAY (OR SAT). DUE BY 8:00 A.M. ON MONDAYS**  
**ALSO, BE SURE THAT YOUR HOURS ENTERED ARE ROUNDED TO THE NEAREST 1/4 OF AN HOUR**