

EMPLOYEE INSTRUCTIONS

1. PLEASE PRESS HARD. YOU ARE MAKING 2 COPIES
 2. LEAVE LAST COPY ONLY WITH CUSTOMER.

3. BE SURE TO INCLUDE YOUR S.S. NO.
 4. **TIME SHEET DEADLINE 10 A.M. MONDAY**

LANDRUM STAFFING SERVICES

6723 PLANTATION ROAD • PENSACOLA, FLORIDA 32504 • (850) 476-5100

EMPLOYEE NAME	LAST	FIRST	MIDDLE	SOCIAL SECURITY NUMBER
COMPANY #	WORK ORDER #	BRANCH #	DEPARTMENT	
CLIENT NAME		REPORT TO		

CUSTOMER AGREEMENT

CUSTOMER AGREES TO THE TERMS ON THE REVERSE SIDE OF THIS DOCUMENT, THAT THE UTILIZATION OF THE ABOVE NAMED PERSON ON EITHER A TEMPORARY OR PERMANENT BASIS WITHIN SIX MONTHS FROM DATE ON TIME SHEET WILL BE THROUGH LANDRUM. IF CUSTOMER DESIRES TO HIRE THIS PERSON ON A PERMANENT BASIS, IT IS AGREED THAT NOTIFICATION OF THIS INTENT WILL BE GIVEN TO LANDRUM AND THE PERSON WILL REMAIN ON LANDRUM'S PAYROLL FOR A PERIOD OF AT LEAST FIFTEEN WEEKS FROM DATE OF NOTIFICATION.

* I CERTIFY THAT THE TOTAL HOURS ARE CORRECT. (REG. & OVERTIME)

CUSTOMER SIGNATURE _____ TITLE _____

X

PLEASE ASSIGNMENT CONTINUING COMPLETED

CUSTOMER INSTRUCTIONS

FOUR (4) HOUR MINIMUM PER DAY REQUIRED (DOES NOT APPLY TO PAYROLL FACTORED EMPLOYEES).

EMPLOYEES WORKING AT MORE THAN ONE COMPANY DURING THE WORK WEEK MAY NOT HAVE HOURS EXCEEDING 40 EXCEPT WITH LANDRUM'S PERMISSION.

I CERTIFY HOURS INDICATED HAVE BEEN WORKED FOR THE ABOVE COMPANY AND APPROVED BY MY SUPERVISOR.

IF YOUR ASSIGNMENT SHOULD END FOR ANY REASON, YOU MUST CONTACT LANDRUM'S STAFFING SUPERVISOR WITHIN THREE BUSINESS DAYS FOR POSSIBLE REAS-SIGNMENT. FAILURE TO DO SO MAY RESULT IN DENIAL OF UNEMPLOYMENT BENEFITS.

EMPLOYEE SIGNATURE _____

Week Ending Date (Sat.)

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 CHECK HANDLING
 Mail
 Hold

DAY	DATE	TIME STARTED	TIME FINISHED	LESS LUNCH PERIOD	DAILY HOURS REG. HRS.	OVERTIME
SUN.						
MON.						
TUE.						
WED.						
THU.						
FRI.						
SAT.						
* (TO NEAREST 1/4 HR.) TOTAL HOURS						