

White & Yellow - People Plus, Inc. Pink - Employee Gold - Client



Employee Name _____

XXX-XX-
Social Security Number _____

Client Company _____

Employee certifies no accident or injury was sustained while working on the assignment unless so noted in the comments section.

Employee Signature
Report For Week Ending

Friday MO. DAY YEAR

- Central City, KY • 270-754-3025 Louisville, KY • 502-245-9420
 - Henderson, KY • 270-869-9060 Princeton, KY • 270-365-2300
 - Lexington, KY • 859-246-1400 Paducah, KY • 270-442-5627
 - Madisonville, KY • 270-825-8939
- www.peopleplusinc.com

	DATE	TIME STARTED	TIME FINISHED	LUNCH	TIME WORKED
SAT					
SUN					
MON					
TUE					
WED					
THU					
FRI					

WEEK TOTAL

COMMENTS

Client agrees to pay People Plus, Inc. a fee if employment is offered to this employee. I certify that the above hours are correct and authorize payment.

Supervisor Signature: _____

P.O./Dept. #: _____