

Name:		Week Ending Date (Sunday)					
Last Four (4) Digits of Social Security Number		Job Number					
Client Company Name		<input type="checkbox"/> ASSIGNMENT COMPLETED <input type="checkbox"/> RETURNING NEXT WEEK					
DAY/DATE	TIME IN	LUNCH OUT	LUNCH IN	TIME OUT	REGULAR TIME	OVERTIME	DOUBLE TIME
MON							
TUE							
WED							
THU							
FRI							
SAT							
SUN							
ENTER WEEKLY TOTALES (Round to nearest quarter hour) →					REGULAR TIME	OVERTIME	DOUBLE TIME



3405 Chandler Rd. Muskogee, Ok 74403

P: 918-537-1010

F: 918-537-1011

Associate Signature: _____ Date: _____

Authorized Signature: _____ Date: _____

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