Form 1

Name:	Week Ending Date (Sunday)
Last Four (4) Digits of Social Security Number	Job Number
Client Company Name	☐ ASSIGNMENT COMPLETED ☐ RETURNING NEXT WEEK

INTEGRITY STAFFING SOLUTIONS

3405 Chandler Rd. Muskogee, Ok 74403

P: 918-537-1010

F: 918-537-1011

Associate Signature: _____ Date: _____

Authorized Signature: _____ Date: _____

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

Form 2

Name:	Week Ending Date (Sunday)
Last Four (4) Digits of Social Security Number	Job Number
Client Company Name	☐ ASSIGNMENT COMPLETED ☐ RETURNING NEXT WEEK

INTEGRITY STAFFING SOLUTIONS

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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

Form 3

Name:	Week Ending Date (Sunday)
Last Four (4) Digits of Social Security Number	Job Number
Client Company Name	☐ ASSIGNMENT COMPLETED ☐ RETURNING NEXT WEEK

INTEGRITY STAFFING SOLUTIONS

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Associate Signature: _____ Date: _____

Authorized Signature: _____ Date: _____

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