

# BONNEY STAFFING CENTER

## AUGUSTA BRANCH

124 State Street • Augusta, ME 04330  
Phone: (207) 621-1100 • Fax: (207) 621-1922

Employee Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Client Company: \_\_\_\_\_

Job Description	Week Ending Date	Hold Check	Please Mail
	/ /	<input type="checkbox"/>	<input type="checkbox"/>

TOTAL HOURS TO THE NEAREST 1/4 HOUR

Date	Mo/Day	Start	Finish	Less Lunch	Total Hours
Mon					
Tues					
Wed					
Thurs					
Fri					
Sat					
Sun					

Overtime will be paid in excess of 40 hours/week	TOTAL WEEKLY HOURS
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**EMPLOYEE:** I hereby certify that the hours shown heron represent the total hours worked this week by me, and were properly verified by the Client. I also understand it is my obligation to contact BONNEY before the end of my current assignment; my failure to do so constitutes my voluntary resignation from employment. I also certify that no accident or injury was sustained while working on this assignment unless it was reported to BONNEY.

**EMPLOYEE SIGNATURE:** \_\_\_\_\_

**A PAY CHECK. PLEASE OBTAIN ALL NECESSARY SIGNATURES AND FILL OUT A NEW TIMECARD IF ERRORS ARE MADE.**

**CLIENT:** Being duly authorized on behalf of, or as Client, the undersigned is in agreement with all the terms and conditions on the front and reverse sides herof, and the hours shown are correct and the work performed was satisfactorily completed. The undersigned also understands and agrees that BONNEY incurred substantial recruitment, screening, administrative and marketing expenses in connection with the temporary employee named heron. Hence, should the Client hire the temporary employee named heron within 90 days after this date, without agreement from BONNEY, the Client will be charged a separation fee. A fee schedule is available from BONNEY upon request.

**CLIENT SIGNATURE:** \_\_\_\_\_