



MILLER STAFFING

P.O. Box 621
Dayton, NJ 08810
Phone: 609-395-1800
Fax: 609-395-0828

EMPLOYER _____
ADDRESS _____
CITY _____
WEEK ENDING _____
APPLICANT NAME _____

REPORT ALL TIME TO NEAREST 1/4 HOUR

DATE	DAY	IN	LUNCH PERIOD	OUT	DAILY TOTAL
	MON.				
	TUE.				
	WED.				
	THUR.				
	FRI.				
	SAT.				
	SUN.				

AGENCY COPY (ON WHITE)

COMPANY COPY (ON YELLOW)

ARE YOU RETURNING? YES <input type="checkbox"/> NO <input type="checkbox"/>	TO OUR CLIENT: Please see that TOTAL HOURS are shown in these boxes BEFORE you sign this time sheet (Do not include lunch time)	STRAIGHT TIME
		OVERTIME

I CERTIFY THAT I HAVE WORKED THE HOURS LISTED ON THIS TIME SHEET

**EMPLOYEE'S
SIGNATURE** _____

I CERTIFY THAT THE ABOVE MILLER STAFFING EMPLOYEE WORKED THE HOURS LISTED ON THIS TIME SHEET

SUPERVISOR'S SIGNATURE

DATE

TITLE

NOTE TO CLIENT

1. You will be billed for the hours listed above. Make no payment directly to any Miller Staffing employee.
2. Authorize overtime hours will be billed at time and a half.
3. Should there be any questions concerning our temporary personnel, please contact Miller Staffing. We invite your comments regarding the job performance of our employees.
4. Miller Staffing has incurred expenses in acquiring, training, and screening its personnel to serve you. Client agrees to pay fee as per our permanent fee schedule to Miller Staffing for such employee should client transfer to its own payroll, any employee provided by Miller Staffing within 6 months of last day of employment. In the event litigation is instituted due to your failure to pay the permanent placement fee, Miller Staffing shall be entitled to all costs associated with such litigation including reasonable attorney's fees.