

Bennett-Hall Company

CHARLOTTE
(704) 365-8802
Fax: 365-7148

GASTONIA
(704) 810-7501
Fax: 810-7511

LINCOLNTON
(704) 745-0303
Fax: 745-0307

DAY	DATE	HOURS TO NEAREST QUARTER HOUR					EMPLOYEE NAME (FIRST, LAST)	
		START	FINISH	LUNCH	REG. HOURS	OVERTIME HOURS		
MON								WEEK ENDING DATE
TUES							TO BE COMPLETED BY EMPLOYEE:	
WED							Are you returning to this assignment? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> HOLD MY CHECK	
THURS							Assignment completed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> MAIL MY CHECK	
FRI							Available for work? <input type="checkbox"/> Yes <input type="checkbox"/> No When Available? _____ (If availability is not indicated, Bennett-Hall may assume I am not available)	
SAT							UNLESS NOTED ON THIS FORM, I HAVE NOT BEEN INJURED ON THE JOB THIS WEEK. Employee Signature: X	
SUN							CLIENT PLEASE COMPLETE: COMPANY NAME	
TOTAL HOURS TO NEAREST QUARTER HOUR. MINIMUM FOUR (4) HOURS PER EMPLOYEE PER DAY.					REGULAR OVERTIME		AUTHORIZED SIGNATURE	
					HRS	MIN	HRS	MIN
								TITLE
THANK YOU. WE APPRECIATE YOUR BUSINESS.					TOTAL HOURS		DEPARTMENT	TELEPHONE NUMBER
								DATE

IMPORTANT FOR CLIENTS: BY EXECUTION OF THIS FORM, CLIENT CERTIFIES THAT HOURS SHOWN ARE CORRECT; WORK WAS SATISFACTORY; AND THAT CLIENT AGREES TO THE TERMS AND CONDITIONS ON THE REVERSE SIDE OF THIS FORM.

WHITE: BENNETT-HALL / YELLOW: CLIENT / PINK: EMPLOYEE