

ASSIGNMENT INFORMATION	CLIENT NAME		
	ADDRESS		CITY
	REPORT TO:	TIME	DEPT.

TA-1

APPERSON PRINT MANAGEMENT SERVICES

CALL 1-800-438-0162

**TempWise, Inc.**  
 110 S. MAGNOLIA AVE. TAMPA, FL 33606  
 WEST TAMPA  
 TEL: (813) 258-4101  
 FAX: (813) 258-4055

<b>COMPANY NAME</b>	<b>WEEK ENDING SUNDAY</b>
ADDRESS	CITY

EMPLOYEE NAME	HOLD MY CHECK <input type="checkbox"/>	MAIL MY CHECK <input type="checkbox"/>
SOCIAL SECURITY NUMBER	AVAILABLE FOR WORK? YES <input type="checkbox"/>	NO <input type="checkbox"/>
EMPLOYEE SIGNATURE	WHEN AVAILABLE?	
X		

**IMPORTANT FOR EMPLOYEE:** BY EXECUTING THIS FORM, EMPLOYEE AGREES TO TERMS AND CONDITIONS ON REVERSE SIDE; CERTIFIES THAT THIS FORM IS TRUE AND ACCURATE, AND THAT NO INJURIES WERE SUFFERED.

DAY	DATE	HOURS TO NEAREST QUARTER HOUR				
		STARTED	FINISHED	LESS LUNCH	REG HOURS	O.T. HOURS
MON						
TUES						
WED						
THUR						
FRI						
SAT						
SUN						

<b>MINIMUM FOUR (4) HOURS PER EMPLOYEE PER DAY</b>	<b>REGULAR</b>	<b>OVERTIME</b>
	HRS MIN	HRS MIN

CLIENT: PLEASE WRITE TOTAL HOURS IN WORDS TO NEAREST QUARTER HOUR ABOVE	<b>TOTAL HOURS</b>

PLEASE PRINT NAME (CLIENT)	TITLE

AUTHORIZED SIGNATURE (CLIENT)	IS THIS EMPLOYEE CONTINUING THIS ASSIGNMENT? YES <input type="checkbox"/> NO <input type="checkbox"/>
X	

**IMPORTANT FOR CLIENT:** BY EXECUTION OF THIS FORM, CLIENT CERTIFIES THAT: HOURS SHOWN ARE CORRECT; WORK WAS DONE SATISFACTORILY; AND THAT CLIENT AGREES TO THE TERMS AND CONDITIONS ON THE REVERSE SIDE OF THIS FORM. PLEASE DRAW LINE THROUGH UNUSED SPACES ABOVE.