



EMPLOYEE NAME: _____

COMPANY: _____ **W/E:** _____

	Total Hours Worked	Scheduled Time		Unscheduled Time		Plant Worked
		Day	Night	Day	Night	
Mon						
Tue						
Wed						
Thurs						
Fri						
Sat						
Sun						
Total						

Employee Statement: I certify that the hours recorded above are correct. When my assignment is complete, I will notify CCS that I am available for work for the next working day. I further understand that failure to do so will have an adverse affect on my right to collect unemployment benefits. I certify that I sustained no injuries and that I was not involved in any accidents while working on my assignment for this pay period unless noted as follows:

I have notified my CCS Supervisor of any such injuries.

Employee: _____

Customer Agreement: The following is in regard to the above mentioned employee. In order for CCS to accurately compensate this employee and for CCS to comply with all Federal and State laws including but not limited to the Fair Labor Standards Act and the Texas Payday Law, the undersigned represents the following: (1) I have authority to request CCS to compensate this employee for the pay period described on this record; (2) I have personal knowledge of the hours worked by this employee for the pay period described on this record; (3) The work the CCS Employee performed was done in a satisfactory manner; (4) The client company understands that CCS will not be responsible for any equipment, truck, automobile or forklift operated by an employee of CCS as we do not maintain insurance on your equipment, forklifts, vehicles, or damage done by the same; (5) Our company agrees not to hire this employee on a full-time basis or transfer said employee to another payroll for any reason without prior approval of CCS.

CUSTOMER: _____

ACCOUNTING USE ONLY