## COLONY PERSONNEL ASSOCIATES, INC.

2845 Post Road Warwick, RI 02886-3145 Tel. (401) 739-0670

Email or fax completed timeslips to:

Accounting@colonypersonnel.com

Fax (401) 738-5523 or (401) 738-0429

WEE		Day /	/	Yr.					
EMPLOYEE: PRINT LAST NAME FIRST AND FIRST NAME INITIAL									
DAY	DATE	TIME	TIME	MINUS LUNCH	TOTAL				
	MO/DATE	. IN	OUT	PERIOD	HOURS				
MON	1								
TUES	3								
WED	)								
THU									
FRI									
SAT									
SUN									
REGULAR HOURS:		OVER TIME HOURS:		TOTAL:					
IMPORTANT FOR CLIENT: Execution of this form by the client constitutes a certification that the TOTAL hours listed are correct									
as stated. CLIENT COMPANY									
AUTHORIZED SIGNATURE / PRINT: NAME AND TITLE (Sign only for the Actual Time Worked)									
EMPLOYEE SIGNATURE									
EQUAL OPPORTUNITY EMPLOYER									

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WEEK ENDING	Мо	Day /	/	Yr.					
EMPLOYEE: PRINT LAST NAME FIRST AND FIRST NAME INITIAL									
DAY	DATE	TIME	TIME	MINUS LUNCH	TOTAL				
	MO/DATE	IN	OUT	PERIOD	HOURS				
MON									
TUES									
WED									
THU									
FRI									
SAT									
SUN									
REGULAR HOURS:		OVER TIME HOURS:	ТО	TAL:					
IMPORTANT F	FOR CLIENT: Execution	n of this form by the clie	ent constitutes a certifi	cation that the TOTAL h	nours listed are correct				
as stated. CLIENT COMP	PANY								
AUTHORIZED SIGNATURE / PRINT: NAME AND TITLE (Sign only for the Actual Time Worked)									
EMPLOYEE S	IGNATURE								
	EQUAL OPPORTUNITY EMPLOYER								