



THE MORTON GROUP

4545 E. SHEA BLVD. • SUITE 120
PHOENIX, ARIZONA 85028
Tel 602.279.5662

STATEMENT

Firm Name

Address

City State Zip

Worked for Supervisor/Attorney

CLIENT: BY EXECUTION OF THE INFORMATION HEREOF, CLIENT CERTIFIES THAT 1) HOURS SHOWN ARE CORRECT, 2) WORK WAS DONE SATISFACTORILY; AND CLIENT AGREES TO THE TERMS AND CONDITIONS ON THE REVERSE SIDE OF THIS FORM.

EMPLOYEE: BY EXECUTION OF THE INFORMATION HEREOF, EMPLOYEE AGREES 1) TO ALL PROVISIONS ON REVERSE SIDE. 2) CERTIFIES THAT THIS FORM IS TRUE AND ACCURATE AND THAT NO INJURIES WERE SUFFERED. PLEASE COMPLETE ALL APPROPRIATE SPACES.

EMPLOYEE'S NAME _____ SS# _____

HOLD CHECK MAIL CHECK / MUST RECEIVE TIME CARD BY NOON MONDAY.

Last 4 Digits

YOU MUST CONTACT US UPON COMPLETION OF THIS ASSIGNMENT

DAY	DATE	START	LUNCH OUT	LUNCH IN	FINISH	TOTAL REG. HRS.	TOTAL OT
MON							
TUES							
WED							
THURS							
FRI							
SAT							
SUN							
		WEEK ENDING	TOTAL HRS. WORKED THIS WEEK				

Total Reg. Hrs. _____

Total OT Hrs. _____

PAYMENT DUE UPON RECEIPT OF THIS STATEMENT

PLEASE MAKE CHECK PAYABLE TO:

THE MORTON GROUP

Employee Signature

WHITE - THE MORTON GROUP / YELLOW - CLIENT / PINK - EMPLOYEE

Supervisor Signature

Date

Thank You for Your Business!