



THE MORTON GROUP

STATEMENT

4530 E. SHEA BLVD. • SUITE 140
PHOENIX, ARIZONA 85028
Tel 602.279.5662

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			

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.

Total Reg. Hrs. _____

Total OT Hrs. _____

**PAYMENT DUE UPON RECEIPT OF THIS STATEMENT
PLEASE MAKE CHECK PAYABLE TO:
THE MORTON GROUP**

Employee Signature _____ Supervisor Signature _____ Date _____
WHITE - THE MORTON GROUP / YELLOW - CLIENT / PINK - EMPLOYEE

Thank You for Your Business!