BONNEY
STAFFING CENTER

PORTLAND BRANCH

477 Congress Street, Suite 100A • Portland, ME 04101

Phone: (207) 773-3829 • **Fax: (207) 773-1864**

Employee Name: _____

Social Security #: _____

Client Company: _____

Job Description	Week Ending Date ___/___/___	Hold Check ☐	Please Mail ☐

TOTAL HOURS TO THE NEAREST 1/4 HOUR

Date	Mo/Day	Start	Finish	Less Lunch	Total Hours
Mon					
Tues					
Wed					
Thurs					
Fri					
Sat					
Sun					
Overtime will be paid in excess of 40 hours/week				TOTAL WEEKLY HOURS	

EMPLOYEE: I hereby certify that the hours shown heron represent the total hours worked this week by me, and were properly verified by the Client. I also understand it is my obligation to contact BONNEY before the end of my current assignment; my failure to do so constitutes my voluntary resignation from employment. I also certify that no accident or injury was sustained while working on this assignment unless it was reported to BONNEY.

EMPLOYEE SIGNATURE: _____

A PAY CHECK. PLEASE OBTAIN ALL NECESSARY SIGNATURES AND FILL OUT A NEW TIMECARD IF ERRORS ARE MADE.

CLIENT: Being duly authorized on behalf of, or as Client, the undersigned is in agreement with all the terms and conditions on the front and reverse sides herof, and the hours shown are correct and the work performed was satisfactorily completed. The undersigned also understands and agrees that BONNEY incurred substantial recruitment, screening, administrative and marketing expenses in connection with the temporary employee named hereon. Hence, should the Client hire the temporary employee named heron within 90 days after this date, without agreement from BONNEY, the Client will be charged a separation fee. A fee schedule is available from BONNEY upon request.

CLIENT SIGNATURE: _____