



Collegeville: 610-409-8009
 Montgomeryville: 215-997-0935

We agree that if our firm should hire the above named employee within 13 weeks (retical / industrial) without agreement from Priority Staffing, Inc. we will pay Priority Staffing, Inc. liquidated damages.

It is understood that the undersigned will not entrust Priority Staffing, Inc. employees with unattended premises or any part thereof, handling of cash, negotiables or other valuables without written permissions from Priority Staffing, Inc. and then only when an employee's specific duties necessitate such activity.

Signature below constitutes full acceptance of all information on form.

CLIENT - Authorized Signature of Company Representative

Sign here: _____

Firm: _____

CLIENT - Please write total hours in words below: _____

is this employee's assignment completed in full? Yes No

EMPLOYEE MUST SIGN THIS FORM
 I certify that these hours were worked by me during the week ending shown above, and were properly verified by an authorized representative of the customer.

Employee sign here: _____

WEEK ENDING (SAT/SUN) EMPLOYEE NAME (PRINT)

CLIENT

REPORT TO

SOCIAL SECURITY NUMBER

	TIME IN	TIME OUT	LESS LUNCH PERIOD	TOTAL HOURS
MON				
TUE				
WED				
THU				
FRI				
SAT				
SUN				

Show hours to nearest 1/4 hour (25)
TOTAL HOURS FOR WEEK

WHITE/Customer Copy - YELLOW/Office Copy

TO RECEIVE YOUR PAYCHECK THIS CARD MUST BE RECEIVED BY PRIORITY STAFFING, INC. NO LATER THAN MONDAY AT 5:00 P.M.