



TIME SLIP

WEEK ENDING ___/___/___

Print Clearly

Employee Name _____

Client Name _____

Address _____

Report All Times to the Nearest ¼ Hour				
Day	Date	Time Started	Time Finished	Daily Total
SUN				
MON				
TUES				
WED				
THURS				
FRI				
SAT				
Total Hours for Week to Nearest ¼ Hour				

Type of Service Rendered: _____

EMPLOYEE: My signature indicates accurate hours worked by me. I understand this time slip must be signed by myself and the client or their representative in order to receive a check.

CLIENT: My signature indicates the employee's work was performed satisfactorily and the times indicated are accurate. I agree not to employ this person privately for a period of 1 year from this date. If I violate this agreement, I will pay the company, upon demand \$1,500 in liquidated damages. I agree to pay for the services immediately upon receipt of invoice. Should collection procedures be necessary, I agree to pay all costs, including reasonable attorney's fees.

Client Signature _____

Employee Signature _____