



CONSTRUCTION DIVISION
Fax to your local ProForce office
Time Tickets must be in by Noon on Monday

Week's Ending _____

Assignment Completed { } yes { } no

EMPLOYEE NAME			SOCIAL SECURITY NUMBER			AUTHORIZED WORK HOURS						
ADDRESS					APT:#	DAY	DATE	IN	OUT	IN	OUT	HRS/DAYS
CITY		STATE	ZIP	PHONE#		MON						
COMPANY NAME:						TUES						
JOB SITE LOCATION						WED						
NAME OF SUPERVISOR/FOREMAN						THUR						
						FRI						
						SAT						
						SUN						

The total hours worked as shown above are hereby verified as correct. We understand that *ProForce Staffing* has a substantial investment in the above named employee, and the undersigned agrees that if the undersigned hires the employee on a permanent basis any time within six months from the date shown above, that the employee shall continue on the payroll of *ProForce Staffing* for a period of (26) weeks.

TOTAL HOURS WORKED	
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Employee Signature: _____ Authorized Company Signature: _____