



6373B S. Memorial Drive
 Suite 1
 Tulsa, OK 74133
 Tel: 918-872-9360
 Fax: 918-872-9470

Employee Name:

Soc. Sec/ID Number#:

| | |
|--------------------|----------------------|
| Mail Check | Pick Up Check |
| | |
| Week Ending | |
| (Sunday) | |
| _____ | |
| Total Hours | |
| Regular | |
| _____ | |
| Overtime | |
| _____ | |

| | MON | TUES | WED | THUR | FRI | SAT | SUN |
|---------------------|-----|------|-----|------|-----|-----|-----|
| Time Started | | | | | | | |
| Time Finished | | | | | | | |
| Deduct Lunch/Breaks | | | | | | | |
| Total Daily Hours | | | | | | | |

Employee Signature: _____

*I certify the hours recorded here are correct. I was not injured during this work assignment .

Client Name: _____

Managers Authorized Signature: _____