



STAFFING SERVICES

Phone (914) 949-1166 • Fax (914) 949-2624 • www.hirechoicestaffing.com
202 Mamaroneck Avenue, Suite 203, White Plains, New York 10601

TIME RECORD

For People You Can Count On!

Instructions:

1. Have time record signed by authorized client manager.
2. A separate time record is needed for each assignment.
3. **White copy:** Fax/Mail to Hire Choice by end of week.
Pink copy: Give to client.
Blue copy: Keep for your records.

DAY	DATE	START TIME	LUNCH	TIME END	TOTAL
MONDAY					
TUESDAY					
WEDNESDAY					
THURSDAY					
FRIDAY					
SATURDAY					
SUNDAY					

Subtract lunch to calculate TOTAL hours **TOTAL WEEK**

Important Employee Information:

By signing this form, employee agrees that all information on this form is accurate and correct and that there have been no injuries as a result of performing this job.

EMPLOYEE SIGNATURE

PRINT EMPLOYEE NAME

SOCIAL SECURITY NUMBER

Employee, please check appropriate boxes:

- Mail check Yes No
 Job continuing? Yes No
 Available for work? Yes No

Important Client Information:

By signing this form, client confirms that the hours shown are correct and the job performance was acceptable. Client further agrees that in the event they employ this individual within 90 calendar days of the last day worked for client through Hire Choice, a fee of 25% of the annualized compensation or \$5,000.00 (whichever is higher) shall be due.

NAME OF COMPANY

AUTHORIZED SIGNATURE

PRINT NAME