



The Arnold Group

A HUMAN RESOURCE COMPANY

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TAGjc@the-arnold-group.com

WEEK ENDING DATE (SUN)			CLIENT COMPANY NAME (PRINT)		
MONTH	DAY	YEAR			
ASSOCIATE NAME (PRINT)				LAST 4 OF SSN	

ASSIGNMENT STATUS: CONTINUING COMPLETED AVAILABLE

I certify I have worked the hours shown on this time sheet and no accident or injury was sustained while working on the assignment unless noted in the comments section. I have read, understand and agree to the instructions in the Associate Handbook, which can be found at www.ArnoldGroupHR.com/handbook.

COMMENTS: _____

X

TAG ASSOCIATE SIGNATURE

CROSS-OUT DAYS NOT WORKED – ROUND TO NEAREST 1/4 HOUR (.25, .50, .75)					
DAY	DATE	TIME IN	TIME OUT	LESS LUNCH	DAILY TOTAL
MON					■
TUES					■
WED					■
THU					■
FRI					■
SAT					■
SUN					■
TOTAL HOURS WORKED <small>DO NOT INCLUDE LUNCH TIME</small>					■

ALL FRAUDULENT ACTIVITY WILL BE INVESTIGATED.

CLIENT AUTHORIZATION

CLIENT SUPERVISOR NAME (PRINT)	PHONE

WRITE IN TOTAL HOURS AND FRACTIONAL HOURS (.25, .50, .75)
→
■

ASSOCIATE RETURNING? Yes No

I certify the above TAG employee worked the hours shown on this time sheet and agree to the terms and conditions set forth on TAG's signed Staffing Services Rate Agreement.

X

TAG CLIENT SIGNATURE