

## 530 S. Topeka Street, Wichita, KS 67202 316.263.9283 • fax: 316.262.8790 TAGwichita@the-arnold-group.com

WEEK ENDING DATE (SUN)	CLIENT COMPANY NAME (PRINT)		
MONTH DAY YEAR			
ASSOCIATE NAME (PRINT)	LAST 4 OF SSN		
• 			
ASSIGNMENT STATUS: CONTINUIN			

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:

Y

				AREST 1/4 HOU		
DAY	DATE	TIME IN	TIME OUT	LESS LUNCH	DAILY TOTAL	
	$\mathbf{x}$	$\land \land \land \land$			$\land \land \land \land \land \land$	
MON						
TUES	2222	$\Delta\Delta\Delta\Delta\Delta$		0000		
TUES	2222	0000		2222	22222	
WED	0000	$\circ \circ \circ \circ \circ$		2222	2222	
WED	0000	$\circ \circ \circ \circ \circ$			00000	
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FBI	$\hat{\mathbf{x}}$	$\mathbf{x}$		$\mathbf{S}$	QQQQQ	
FRI	$\hat{\mathbf{x}}$	$\mathbf{x}$		2222		
SAT	$\hat{\mathbf{x}}$	$\mathbf{x}$		$\mathbf{x}$		
SAI	$\hat{\mathbf{x}}$	$\mathbf{x}$	$\mathbf{x}$	$\mathbf{x}$		
					_	
SUN	$\hat{\mathbf{x}}$	$\mathbf{x}$	****	$\mathbf{x}$	$\mathbf{x}$	
301	$\mathbf{x}$	$\mathbf{x}$		$\mathbf{x}$		
	AL HOURS					
DO	NOT INCLUD	E LUNCH TIM	E			
	ALL FRAUD	ULENT ACT	IVITY WILL B	E INVESTIGA	TED.	
		CLIENT /		TION		
CLIENT AUTHORIZATION CLIENT SUPERVISOR NAME (PRINT) PHONE						
CLIENT	SOFERVISOR NA		THONE			
			:			
WRITE	IN TOTAL HOUR	S AND FRACTIO	NAL HOURS (.25,	.50, .75)		
					<u> </u>	
ASSOC	IATE RETUI	RNING?	Yes	🖵 No		
certify the	above TAG emplo	yee worked the l	nours shown on th	is time sheet and a	gree to the terms and	
conditions s	et forth on TAG's	signed Staffing S	ervices Rate Agree	ement.		
X						