



WEEK ENDING Saturday	MONTH
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DAY

YEAR

EMPLOYEE DATA

PRESS FIRMLY USING BALLPOINT PEN

NAME _____

LAST 4 DIGITS OF SS # _____

DAY	TIME IN		LUNCH OUT		LUNCH IN		TIME OUT		SHIFT 1-2-3	TOTAL	
	HRS.	MIN.	HRS.	MIN.	HRS.	MIN.	HRS.	MIN.		HRS.	MIN.
SUN.											
MON.											
TUES.											
WED.											
THURS.											
FRI.											
SAT											

WHITE - PAYROLL
YELLOW - CLIENT
PINK - EMPLOYEE

I certify that I have worked the hours listed below. In addition, I certify that no accident or injury was sustained while working on the assignment unless so noted in the comments section.

X _____
Employee Signature

Comments: _____

I certify that the above Champion Personnel employee worked hours listed on this sheet.

X _____
Authorized Client Signature

X _____
Printed Name

X _____
Company Telephone #

TO RECEIVE YOUR PAYCHECK, THIS CARD MUST BE RECEIVED NO LATER THAN TUESDAY AT NOON