



# PYRAMID RECRUITING OFFICES

EMPLOYEE  
(PLEASE PRINT NAME) \_\_\_\_\_

SOC. SECURITY NO. \_\_\_\_\_ WEEK ENDING SUNDAY \_\_\_\_\_

EMPLOYEE SIGNATURE \_\_\_\_\_

Important for Employee: By executing this form, Employee agrees to terms and conditions on reverse side and certifies that this form is true and accurate.

373 N. Washington St.  
P.O. Box 537  
Tiffin, Ohio 44883  
  
(419) 447-0455  
FAX (419) 447-4671

**Customer Agreement**

Important for Client: By execution of this form, Client certifies that hours shown are correct, work was done satisfactorily and that Client agrees to the terms and conditions on the reverse side of this form.

Company Name \_\_\_\_\_ Title \_\_\_\_\_  
Authorized Signature \_\_\_\_\_

	MON		TUES		WED		THURS		FRI		SAT		SUN	
	HRS	MIN	HRS	MIN	HRS	MIN	HRS	MIN	HRS	MIN	HRS	MIN	HRS	MIN
TIME IN														
TIME OUT														
TOTAL HOURS														
LESS LUNCH														
TOTAL STRAIGHT TIME														
OVERTIME														

  

STRAIGHT TIME	
HRS	MIN

  

OVERTIME	
HRS	MIN

Is Your Assignment Complete?  
 YES (see below)     NO  
 Please call or stop in our office when your assignment is complete.

**TIME CARD DUE BY MONDAY**