

Email: payroll@carltechusa.com



24 E. GREENWAY PLAZA, SUITE 1303  
HOUSTON, TEXAS 77046  
PHONE: (713) 552-0886  
FAX: (713) 552-1689

EMPLOYEE NAME: \_\_\_\_\_

WEEK ENDING DATE: \_\_\_\_\_

CLIENT: \_\_\_\_\_

		MON	TUE	WED	THU	FRI	SAT	SUN	TOTAL
		Date _____	Date _____	Date _____	Date _____	Date _____	Date _____	Date _____	HOURS
<b>Start Time</b>									
<b>Lunch</b>									
<b>End Time</b>									
<b>Total Hours</b>	Regular								
	OT								

**EMPLOYEE STATEMENT:** I hereby certify that the hours recorded above are correct. When my assignment is complete, I will notify Carltech immediately if I wish to be placed on further assignments. I understand that failure to contact Carltech may be a factor in determining my eligibility for unemployment benefits. I certify that I sustained no injuries and was not involved in any accidents while working on my assignment for this pay period unless noted as follows: \_\_\_\_\_.

I have notified Carltech of any such injuries.

IS THIS ASSIGNMENT COMPLETE? YES \_\_\_ NO \_\_\_

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

DATE: \_\_\_\_\_

**CLIENT APPROVAL:** It is understood that the undersigned is an authorized representative of the Client, and hereby certifies that the above hours are correct and that the work was performed to your satisfaction. If Client desires to hire this person on a direct basis, it is agreed that notification will be given to Carltech and the Carltech employee will remain on payroll for a period of time designated by Carltech or the Client will pay a conversion fee.

CLIENT SIGNATURE & TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_