

**EMPLOYEE INFORMATION:**

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

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

	DATE	IN A.M.	OUT	IN P.M.	OUT	TOTAL HOURS	REG HOURS	O/T HOURS
SUNDAY								
MONDAY								
TUESDAY								
WEDNESDAY								
THURSDAY								
FRIDAY								
SATURDAY								
WEEK ENDING:				<b>TOTAL HOURS:</b>				

***Comments / Special Working Condition***

**PLEASE CHECK YOUR HOURS CAREFULLY BEFORE SIGNING!**

I hereby certify that the above noted hours worked by me on the dates shown are accurate.

***To be faxed or emailed by 4 PM, Friday\****

*\*Unless you are scheduled to work Saturday, please submit by 9 AM, Monday*

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

**CLIENT INFORMATION:**

NAME OF COMPANY: \_\_\_\_\_

DEPARTMENT / SECTION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

SUPERVISOR'S NAME: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

FAX NUMBER: \_\_\_\_\_

ALL EMPLOYEES ARE PAID UNDER SLATE PERSONNEL LTD. IN ACCORDANCE WITH ALBERTA EMPLOYMENT STANDARDS. IF OTHERWISE, PRIOR TO COMMENCEMENT, AN AGREED UPON EMPLOYMENT CONTRACT MUST BE PROVIDED FROM THE CLIENT STATING THE WORKING CONDITIONS, WHICH WILL BE STATED IN THE COMMENTS SECTION OF THIS PAGE. IT IS HEREBY AGREED THAT THE HOURS SHOWN ABOVE ARE CORRECT. IT IS AGREED THAT ANY QUESTION IN RESPECT OF SUCH WORK AND SERVICES MUST BE MADE WITHIN 24 HOURS OF THE HOUR LAST SHOWN AND THAT IF NO SUCH QUESTION IS MADE, ALL WORK AND SERVICES SHALL BE DEEMED TO HAVE BEEN SATISFACTORILY PERFORMED. FURTHER, IT IS AGREED THAT SHOULD AN EMPLOYMENT ARRANGEMENT BE SOUGHT BETWEEN THIS SLATE PERSONNEL LTD. EMPLOYEE AND THIS SLATE EMPLOYER / CLIENT DURING THEIR EMPLOYMENT OR WITHIN 6 MONTHS OF THE TERMINATION OF THIS TEMP OR TEMP TO PERM ASSIGNMENT, A MUTUALLY-AGREEABLE PLACEMENT FEE WILL BE PAID TO SLATE PERSONNEL LTD. UPON THE BEGINNING OF EMPLOYMENT WITH THIS CLIENT.

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CLIENT SIGNATURE