



FAX COVER SHEET

To: Regional Personnel Services

Fax #: 908-534-8033 or Email: accounting@regionalpersonnel.com

From:

Completed timesheets must be submitted every Friday by midnight.

PHONE: 908-534-8113
FAX: 908-534-8033

502 Route 22 West, Suite 1
Lebanon, NJ 08833

Week Ending: Friday / /	Hours worked to nearest quarter hour			Sick	TOTAL HOURS
Day	Date	IN	OUT	LUNCH	Daily hours
Sat.					
Sun.					
Mon.					
Tues.					
Wed.					
Thurs.					
Fri.					

CLIENT NAME:

FIELD EMPLOYEE NAME:

Field employee: I certify that the hours shown on this timesheet were properly verified and reviewed by the client and represent the actual hours worked this week by me. I also understand that I must contact Regional Personnel Services within 24 hours of completion of this assignment. Failure to do so will mean that I have left the job voluntarily and my unemployment benefits may be affected.

Client: I have reviewed and verified that the hours on this timesheet are correct. I understand that if I hire this employee of Regional Personnel Services I may be liable for a placement fee.

Sick	Regular	OT

Client Name:	Title:
Authorized Signature:	Date:

Field Employee Signature:	Date:
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