



# Superior Staffing, Inc.

330-253-8080

Fax: 330-258-0108

701 S. Broadway Street • Akron, Ohio 44311

WEEK ENDING (SATURDAY)	SOCIAL SECURITY NO. (Last 4 Digits Only)		
EMPLOYEE (Last Name)	(First Name)	(M.I.)	
ADDRESS (CHECK IF NEW ADDRESS <input type="checkbox"/> )			

## TIME SHEETS MUST BE IN OUR OFFICE BY 10:00 AM OF THE FOLLOWING TUESDAY!

DAY	DATE WORKED	▼ ROUND OFF TO NEAREST QUARTER HOUR ▼ DO NOT USE MILITARY TIME ▼				DAILY HOURS
		IN	OUT	IN	OUT	
SUN.						
MON.						
TUE.						
WED.						
THUR.						
FRI.						
SAT.						

As an employee of Superior Staffing, Inc., I understand that I must complete a minimum number of 520 hours with the customer to which I am assigned before I am eligible to accept a permanent or temporary position with that same customer, should such a position be offered.  
**I agree to the terms and conditions on the reverse side.**

X

WEEKLY  
TOTAL  
HOURS

EMPLOYEE SIGNATURE

### CUSTOMER TO COMPLETE THIS SECTION

As a customer of Superior Staffing, Inc., I understand that employees of Superior Staffing, Inc. must complete a minimum number of 520 hours with the customer to which they are assigned before they are eligible to accept a permanent or temporary position with that same customer, should such a position be offered.

**I certify that this Superior Staffing, Inc. employee worked the hours listed and agree to the terms and conditions on the reverse side.**

X

CUSTOMER SIGNATURE

TITLE

COMPANY NAME

**4 HOUR MINIMUM CHARGE PER ASSIGNMENT**