



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 ▼				REG. HOURS	O.T. 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 480 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 _____
EMPLOYEE SIGNATURE

FIRST ASSIGNMENT

WEEKLY TOTAL HOURS

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 480 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