628 Merchant St. Suite 2 Emporia, KS 66801

	42.0700 nporia@th					
MONT	K ENDING DAT	YEAR	CLIENT C	COMPANY NAM	1E (PRINT)	
MUNI	H DAY	YEAH				
ASSO	OCIATE NAME (	(PRINT)		LAST 4 OF SSN		
ASSIGNMENT STATUS: CONTINUING COMPLETED AVAILABLE						
certify I have worked the hours shown on this time sheet and no accident or injury was sustained while working on the assignment unless noted in the comments section. I have read, understand and agree to the nstructions in the Associate Handbook, which can be found at www.ArnoldGroupHR.com/handbook.						
COMMENTS:						
X						
	CIATE SIGNATURE	TWODKED	DOLIND TO NE	ADDECT 1/4 HOLL	D / CE EO 7E)	
DAY	DATE	TIME IN	TIME OUT	LESS LUNCH	R (.25, .50, .75)  DAILY TOTAL	
MON	^^^^ ^^^^	X	^^^	X	X	
TUES						
WED						
THU						
FRI						
SAT						
SUN						
TOTAL HOURS WORKED DO NOT INCLUDE LUNCH TIME						
	ALL FRAU	DULENT ACT	IVITY WILL B	BE INVESTIGA	TED.	
CLIENT AUTHORIZATION						
CLIENT SUPERVISOR NAME (PRINT) PHONE						
WRITE IN TOTAL HOURS AND FRACTIONAL HOURS (.25, .50, .75)						
X						
ASSOCIATE RETURNING? Yes No  I certify the above TAG employee worked the hours shown on this time sheet and agree to the terms and						
I cermy the above IAG employee worked the hours shown on this time sheet and agree to the terms and conditions set forth on TAG's signed Staffing Services Rate Agreement.						
Y						

Visit us at www.the-arnold-group.com

TAG CLIENT SIGNATURE