

10 E. 13th St. Hutchinson, KS 67501 620.663.5124 • fax: 620.663.5497 TAGhutch@the-arnold-group.com

WEEK ENDING DATE (SUN)	CLIENT COMPANY NAME (PRINT)
MONTH DAY YEAR	
ASSOCIATE NAME (PRINT)	LAST 4 OF SSN
•	
ASSIGNMENT STATUS: CONTINUING	

I 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 instructions in the Associate Handbook, which can be found at www.ArnoldGroupHR.com/handbook.

COMMENTS:

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ertify the	above TAG emplo	oyee worked the h	nours shown on the iervices Rate Agre	his time sheet and a	gree to the terms
nutuons s	et forth on TAG's	signed starring s	ervices rate Agre	ement.	