113 S. 5th Street, Salina, KS 67401 785.826.9222 • fax: 785.826.9252 TAGsalina@the-arnold-group.com

'AGsa	lina@the	arnold-d	AGsalina@the-arnold-group.com					
			•		AE (DDINIT)			
WEEK ENDING DATE (SUN) CLIENT COMPANY NAME (PRINT) MONTH DAY YEAR								
ASSC	CIATE NAME (PRINT)		LA	ST 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 structions in the Associate Handbook, which can be found at www.ArnoldGroupHR.com/handbook.								
X								
AG ASSOCIATE SIGNATURE								
DAY	OUT DAYS NO	T WORKED – R	TIME OUT	LESS LUNCH	R (.25, .50, .75) DAILY TOTAL			
MON	X X X X	A A A A	TIME OUT	ELSS EUNCH	DAILITOTAL			
TUES								
WED								
THU								
FRI								
SAT								
SUN								
TOTAL HOURS WORKED DO NOT INCLUDE LUNCH TIME								
	ALL FRAUD	ULENT ACTI	VITY WILL B	E INVESTIGA	TED.			
CLIENT	SUPERVISOR NAI		UTHORIZA PHONE	TION				
		,						
WRITE IN TOTAL HOURS AND FRACTIONAL HOURS (.25, .50, .75)								
ASSOC	IATE RETUR	RNING?	☐ Yes	☐ No				
certify the above TAG 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.								
V								

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

TAG CLIENT SIGNATURE