

1214 Main Street, Winfield, KS 67156 620.221.7100 • fax: 620.221.7299 TAGwinfield@the-arnold-group.com

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

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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certify the	above TAG emplo	ovee worked the l	nours shown on th	nis time sheet and ag ement.	gree to the terms a