



Manpower

Customer Name
Address
Report To

I hereby certify that the hours shown hereon were worked by me during the week ending designated, and were certified by an authorized representative of the Customer. I understand that I am to contact the Manpower office after completing this assignment to discuss another assignment, and, if I do not do so, without good cause, Manpower may assume that I am not then available for work and unemployment benefits may be denied.

Employee Name
Social Security Number
Employee Signature

Day	Month/Date	Time In	Time Out	Lunch Period	Total Hours
Mon					
Tue					
Wed					
Thu					
Fri					
Sat					
Sun					
Week Ending Date		Office ID #	3372	Week Total Hours	

Customer Approval	
Cross out any days not worked by employee. Approval includes verification of hours worked.	
X _____	Date _____