



**L.J. GONZER ASSOCIATES**  
Staffing & Technical Services

Newark, New Jersey 07102

Employee Name: \_\_\_\_\_  
Last First

Week Ending: \_\_\_\_\_  
(Sunday Unless Otherwise Instructed)

**TERMS OF PAYMENT**

1. I certify that I worked all these hours, without any "off the clock" hours. These hours are certified by signature on this timesheet.  
2. I will not accept any assignment or employment from Client, to be performed anywhere, directly or through and intermediary with the Client, for 180 days from termination of this assignment, without written consent from STAFFING Firm.  
3. I had no work related injury or disease this week.  
4. There has been no interference with my employment opportunities and no violation of the STAFFING Firm's harassment policies by any person or entity.  
**EMPLOYEE MUST SIGN BELOW.**

	DATE	S/T HOURS	O/T HOURS	SHIFT HOURS	OTHER*	DESCRIPTION
MONDAY						
TUESDAY						
WEDNESDAY						
THURSDAY						
FRIDAY						
SATURDAY						
SUNDAY						
<b>WEEKLY TOTALS</b>						

Employee Signature  
Approved By:

Signature Title

Client Company

\* Enter hours not worked but for which payment is requested. e.g. vacation, illness, holiday  
(Please note, which) Payment will be made to the extent of entitlement only.