



L. J. GONZER ASSOCIATES
Staffing & Technical Services

Cranford, New Jersey 07016

Employee Name: _____
Last First

Week Ending: _____
(Sunday Unless Otherwise Instructed)

TERMS OF PAYMENT

1. I certify that I have worked all these hours, without any "off-the-clock" hours. These hours are certified by signature on this time slip.
 2. I will not accept any assignment or employment from the client, to be performed anywhere, directly or through an intermediary with the client for 180 days from termination of this assignment, with or 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.
 5. Overtime is based on hours worked in excess of 40 in a given work week. All overtime MUST be authorized in advance by your supervisor!
- By submitting this time I agree to the Terms of Payment and certify that the hours submitted are accurate to the best of my knowledge.

Employee Signature
Approved By:

Signature Title

Client Company

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

*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.

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