



PEOPLE PLUS INC
providing staffing solutions®

Employee Name

Social Security Number

Client Company

Employee certifies no accident or injury was sustained while working on the assignment unless so noted in the comments section.

Employee Signature

Report For Week Ending

Friday _____
MO. DAY YEAR

- | | |
|---------------------------------|---------------------------------|
| Madisonville, KY • 270-825-8939 | Lexington, KY • 859-246-1400 |
| Princeton, KY • 270-365-2300 | Central City, KY • 270-754-3025 |
| Henderson, KY • 270-869-9060 | Chillicothe, OH • 740-775-3638 |
| Paducah, KY • 270-442-5627 | Louisville, KY • 502-245-9420 |

www.peopleplusinc.com

	DATE	TIME STARTED	TIME FINISHED	LUNCH	TIME WORKED
SAT					
SUN					
MON					
TUE					
WED					
THU					
FRI					
WEEK TOTAL					

COMMENTS

Client agrees to pay People Plus, Inc. a fee if employment is offered to this employee.
I certify that the above hours are correct and authorize payment.

Supervisor Signature:

P.O./Dept. #: