

ALL TIMESHEETS MUST BE RECEIVED BY MONDAY AT 10 AM

Phone Number:

BALTIMORE, MD
BOISE, ID
BOISE, ID
DELAWARE
MINNEAPOLIS, MN
PORTLAND, OR
SALEM, OR
SILVERDALE, WA

PH: (302) 900-1848 | FAX: (410) 582-8734
PH: (612) 394-4678 | FAX: (888) 396-4548
PH: (503) 281-1289 | FAX: (503) 284-0548
PH: (503) 856-9563 | FAX: (503) 856-9848
PH: (520) 458-6100 | FAX: (520) 458-5630
PH: (360) 405-1263

PLEASE CHECK	APPROF	PRIAT	E BOX: DePa	ul Industries	DePau	l Service	s					
EMPLOYEE NAM	ИE											
CUSTOMER			POSITION									
WEEK ENDING I		JOB NUMBER										
	DATE		START TIME HOUR : MIN.	LUNCH OUT HOUR : MIN.	LUNCH IN HOUR : MIN.		FINISH TIME HOUR : MIN.			DAILY TOTAL HOUR : MIN.		TO HOURS t to exceed 8 rs/day or 40 hrs/week
MONDAY												
TUESDAY												
WEDNESDAY												
THURSDAY												
FRIDAY												
SATURDAY												
SUNDAY												
I certify that I have worked the hours listed on this time sheet. I certify that while on this assignment I have not had any work-related injuries or illnesses that I have not reported to DePaul Industries/DePaul Services. I understand that failure to notify my DePaul Industries/DePaul Services Recruiter of the completion of any assignment will be considered job abandonment, and unemployment benefits may be denied. EMPLOYEE SIGNATURE: (REQUIRED)												
Employees - do not fill beyond this line. Thank you!												
SUPERVISOR SECTION In consideration of the services rendered by DI/DS, the customer agrees not to hire directly, hire										DEPAUL OFFICE ONLY!		
through a subsidiary or related company or utilize another staffing firm to hire directly within one year of the date of referral, any DI/DS temporary associate unless otherwise agreed to by DI/DS. Should the customer wish to hire a DI/DS associate directly, it is agreed that DI/DS will be notified of this intent and that the associate will remain on DI/DS payroll for a period of 520 working hours. If a customer hires a DI/DS associate prior to the mandatory 520-hour period, it is agreed that a pro-rated buyout fee will be charged based on 520 hours of anticipated services, unless contractually stipulated otherwise. Your signature on this timesheet represents your concurrence to abide by this agreement.										REG		
										ОТ		
										PTO		
										Н		
Supervisor's Name:												
Supervisor's Signature:												
Date:												

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