

COMPANY NAME	WEEK ENDING SUNDAY / /
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ADDRESS
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JOB TITLE	JOB NUMBER
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EMPLOYEE MUST FILL IN BELOW	SOCIAL SECURITY NO.
<input type="checkbox"/> MAIL MY CHECK <input type="checkbox"/> HOLD	

EMPLOYEE: I CERTIFY THAT THE HOURS SHOWN HERE ON REPRESENT THE TOTAL HOURS WORKED THIS WEEK BY ME, AND WERE PROPERLY VERIFIED BY THE CLIENT.	EMPLOYEE NAME
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EMPLOYEE SIGNATURE X
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CLIENT: YOUR SIGNATURE REPRESENTS THAT YOU ARE IN AGREEMENT WITH ALL THE TERMS AND CONDITIONS ON FRONT AND REVERSE SIDE HEREOF AND THAT THE HOURS SHOWN ARE CORRECT AND THE WORK WAS COMPLETED SATISFACTORILY.
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AUTHORIZED SIGNATURE X	TITLE
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AUTHORIZED NAME (PLEASE PRINT)	IS THIS EMPLOYEE CONTINUING THIS ASSIGNMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO
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# GAINOR

•489 Fifth Avenue, NY, NY 10017  
Phone # (212) 697-4145  
FAX # (212) 661-2485

## EVALUATION OF PERFORMANCE (TO BE FILLED OUT BY CLIENT ONLY)

**IMPORTANT**  
This confidential evaluation is an integral part of our program to continually improve the level of services we provide our client. Please take a moment to complete this report and return as soon as possible.  
Postage is prepaid for your convenience.

	EXCELLENT	GOOD	FAIR	POOR	WOULD YOU LIKE THIS PERSON ASSIGNED AGAIN?  YES <input type="checkbox"/> NO <input type="checkbox"/>
PUNCTUALITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
APPEARANCE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ATTITUDE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
PERFORMANCE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

COMMENTS

CLIENT AUTHORIZED SIGNATURE X	TITLE
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TO BE COMPLETED BY CLIENT ONLY