## **DUPLEX ONE (443) 417-5320**



WEEK ENDING SUNDAY									

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EMPLO	YEE NAME	<del></del>							
CLIENT	COMPANY	NAME							
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PAYCHEC	K □ Mailed	Ŭ Hold					·	·	
DAY	DATE	START	ME FINISH	LESS LUNCH	REC		O.T. HOURS		
MON									
TUE									
WED									
THU									
FRI									
SAT									
SUN									
Min. 4 hours required TOTAL HOURS FOR WEEK *Round hours to resrect 1/4 hour				REGUI	HIN	OVERTIME HAS MIN			
designati notify B3 am to c assignm	led and were SA should Cli- contact the E	the hours sh certified by all ent wish to hir 3SA office aft to not do so, B	n authorized r e me during t er completing	epresentation the contract this assign	ve of the period. If nament to	Client unde discr	. Iagı rstand ussan	ree to that ! nother	
represent correct, will be a Beacon investment the must either of BSA employee employee salary w	ntative of the and that wor pilled automa Staffing Alli- ent in adverti- at we choose her work a re- or we will pay et's services er. We agreent the arrinimu	at the indivi- company an k was perforn tically at time- ematives ser sing, recruitin- to hire the al- quired number y a liquidation directly or is to pay a fee m of \$1,440 as of Terms	d hereby cerined satisfactor- cand-one-half sylice has being, screening approve named eighous (72 damage fee notirectly, eight of 1% per thand a maximum and	tifies that thority. Hours We (the (en made pand training imployee, woo) at our community through a cousand doll um of 20%.	in exces customer cossible of their pre- eagree to mpany whans our can an affiliate ars of the Authorize	stated s of 4 ) undo by a persor hat the hile in ontrace of persord clies and clies	I abov  I abov  I per  I subst  Innel. I  I e emp  I the er  I the er  I sep  I a sep  I approximately  I ap	e are week d that antial in the loyee nploy or the earate nnual proval	
AUTHO	RIZED CLIEN	IT SIGNATUR	IE .		# HOL	JRS A	PPRC	VED	
White & Hard Copy: BSA Yellow Copy: Client Pink Copy: Employee									