

COMPANY NAME	WEEK ENDING DATE:										
EMPLOYEE NAME (PLEASE PRINT)	/ /										
EMPLOYEE SIGNATURE											
SOCIAL SECURITY NUMBER → <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> </tr> </table>											
EMPLOYEE: I CERTIFY THAT THE HOURS SHOWN HEREON REPRESENT THE TOTAL HOURS WORKED BY ME THIS WEEK, AND WERE PROPERLY VERIFIED BY THE CLIENT.											
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 IN A SATISFACTORY MANNER.											
AUTHORIZED SIGNATURE	TITLE										
CLIENT NAME (PLEASE PRINT)											

HAMILTON CONNECTIONS									
EAST HARTFORD FAX: 860-569-5975		MILFORD FAX: 203-882-5029		BROOKFIELD FAX: 203-456-1801		WATERBURY FAX: 203-574-3406		W.SPRINGFIELD FAX: 413-304-6004	
MERIDEN FAX: 203-634-1057		FAIRFIELD FAX: 203-333-3210		HAMDEN FAX: 203-287-2881		OLD SAYBROOK FAX: 888-323-5122			
HOURS WORKED TO NEAREST QUARTER HOUR									
DAY	DATE	START	FINISH	(LUNCH)	REG. HOURS	O.T. HOURS			
MON									
TUES									
WED									
THUR									
FRI									
SAT									
SUN									
CLIENT									
→ WRITE TOTAL HOURS WORKED (IN WORDS) HERE ←									
TOTAL HOURS TO NEAREST QUARTER HOUR MINIMUM 4 HOURS PER EMPLOYEE PER DAY					TOTAL HOURS WORKED				
					REG. HOURS HOURS MIN.		O.T. HOURS HOURS MIN.		

White - Office Yellow - Employee Pink - Client (Leave with client)