

## 201 Old Padonia Rd. Cockeysville, MD 21030 Phone 443-279-4550 Fax 443-279-4554

www.SymphonyPlacements.com

We agree that if our firm should hire the above named employee before completion of the agreed upon hours without prior agreement from Symphony Placements, LTD., we will pay Symphony Placements, LTD. liquidated damages. It is understood that the undersigned will not entrust Symphony Placements, LTD. employees with unattended premises or any part thereof, handling of cash, negotiables or other valuables without written permission from Symphony Placements, LTD. and then only when an employees' specific duties necessitate such activity. Invoices due upon receipt and are subject to a late charge of 2% per month if not paid within 30 days. NOTE: 4 HOUR DAILY MINIMUM ON ALL ASSIGNMENTS
Signature below constitutes full acceptance of all information on form.

<b>CLIENT – Authorized Signature of Company Representat</b>	tiv
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Firm:			

**CLIENT** – Please write total hours in words below:

Is this employee's assignment completed in full?  $\square$  Yes  $\square$  No

## **EMPLOYEE MUST SIGN THIS FORM**

I certify that these hours were worked by me during the week ending shown above, and were properly verified by an authorized representative of the client. Employee certifies no accident or injury was sustained while working on this assignment.

Employee sign here:

Sign here:

WEEK ENDING DATE (SUN.) EMPLOYEE NAME (PRINT)

CLIENT

REPORT TO

DATE	DAY	TIME IN	TIME OUT	LESS LUNCH PERIOD	TOTAL HOURS
	MON				
	TUE				
	WED				
	THU				
	FRI				
	SAT				
	SUN				
Show hours to the					

TOTAL HOURS FOR WEEK

## TO RECEIVE YOUR PAYCHECK, THIS CARD MUST BE RECEIVED BY SYMPHONY PLACEMENTS NO LATER THAN MONDAY AT 5:00 P.M.