



Client Name:
for Week Ending:

Employee	Sunday ___/___			Monday ___/___			Tuesday ___/___			Wednesday ___/___			Thursday ___/___			Friday ___/___			Saturday ___/___			Total hours for week
	In	Out	total	In	Out	total	In	Out	total	In	Out	total	In	Out	total	In	Out	total	In	Out	total	
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Customer Authorization: _____

To: First Choice Staffing Payroll - New Hartford/Rome Office
 Fax : 315-736-5340
 Phone: 315-736-3884