

# HRM

HR MANAGEMENT CORP, INC.

YOUR CURRENT ORDER NUMBER					YOUR NAME													
BRANCH NUMBER	LETTER	JOB NUMBER	YOUR SOCIAL SECURITY NO.										WEEK ENDING	MO	/	DAY	/	YR
			SUNDAY															

	MON		TUE		WED		THU		FRI		SAT		SUN	
	HRS	MIN	HRS	MIN	HRS	MIN	HRS	MIN	HRS	MIN	HRS	MIN	HRS	MIN
TIME IN														
LUNCH OUT														
LUNCH IN														
TIME OUT														
TOTAL STRAIGHT TIME														
TOTAL OVERTIME														

TOTAL HOURS WORKED  
(ROUND TO NEAREST QUARTER HOUR)

STRAIGHT TIME	
HRS	MIN

OVERTIME	
HRS	MIN

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
COMPANY NAME

\_\_\_\_\_  
DIVISION OR DEPARTMENT

\_\_\_\_\_  
CITY

We understand that HR Management (HRM) is an employment agency and that the services it renders is made possible only by a substantial investment in advertising, testing, and training a large pool of personnel. Therefore in consideration of this service being made available to us, we agree that in the event the above named employee becomes by us or contracted through another source in our company within 12 months from the date of his/her last assignment with HRM at our company, that we will pay to HR Management the sum of forty-eight hundred dollars as liquidated damage if the employee was employed in an administrative support position and ninety-five hundred dollars as liquidated damages if the employee was employed in a technical/engineering professional position.

ASSIGNMENT COMPLETED      YES      NO

Equal Opportunity Employer M/F/M

HRM\_timesheet\_060903

\_\_\_\_\_  
CUSTOMER SIGNATURE

Submit Form