

**Central New Hampshire
Employment Services, Inc.**

281 South Main Street
Laconia, NH 03246
603-528-2828 • Fax: 603-528-6625

Name: _____

Customer: _____

Report To: _____

	Date	Start Time	Out (Lunch)	In (Lunch)	End Time	Total Hours
Sun.						
Mon.						
Tues.						
Wed.						
Thurs.						
Fri.						
Sat.						
Regular Hrs. _____		Overtime Hrs. _____		Total Hrs. _____		

Overtime is paid for time in excess of 40 hours in one week at one and one-half times your regular pay rate. I hereby certify that the hours and dates shown above were worked by me and were properly certified by an authorized representative of the named company hereof. I understand it is my responsibility to contact CNHES upon completion of each assignment, and that not doing so means I am not available for work. I certify that any work related injury sustained during this pay period has been reported in accordance with CNHES, Inc.

Employee Signature: _____

Supervisor Signature: _____

Date: _____

Instructions for getting Paid

1. Signed time sheets must be received by your branch office NO LATER THAN 8 A.M. Monday.
2. If you have worked two different assignments during the week, you must use separate time slips. Checks will be available on Thursday for the prior week. You may pick up your check at our office after 12:00P.M. Checks not picked up by end of work on Friday will be mailed.

Customer Approval

The undersigned representative certifies that the hours are correct as shown, and that work was performed in a satisfactory manner and that he/she is authorized to approve such documents. It is understood that the vendor has incurred recruitment costs for subject employee. Should the customer decide to hire our employee prior to the conversion date the customer agrees to pay our fee.

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