ASSIGNMENT INFORMATION

CLIENT NAME

ADDRESS | CITY

REPORT TO: | TIME | DEPT.

TA-3 | APPERSON PRINT MANAGEMENT SERVICES | CALL 1-800-438-0162

PorticoHR

2910 Westown Pkwy, Ste. 106
West Des Moines, IA 50266
Ph: (515) 221-3233 • Fax: (515) 221-3236

COMPANY NAME	WEEK ENDING SUNDAY
ADDRESS	CITY

EMPLOYEE NAME

SOCIAL SECURITY NUMBER

AVAILABLE FOR WORK? YES ☐ NO ☐

EMPLOYEE SIGNATURE
X

WHEN AVAILABLE?

IMPORTANT FOR EMPLOYEE: BY EXECUTING THIS FORM, EMPLOYEE AGREES TO TERMS AND CONDITIONS ON REVERSE SIDE; CERTIFIES THAT THIS FORM IS TRUE AND ACCURATE, AND THAT NO INJURIES WERE SUFFERED.

DAY	DATE	HOURS TO NEAREST QUARTER HOUR				
		STARTED	FINISHED	LESS LUNCH	REG HOURS	O.T. HOURS
MON						
TUES						
WED						
THUR						
FRI						
SAT						
SUN						

PLEASE DRAW LINES THROUGH DAYS NOT WORKED

MINIMUM FOUR (4) HOURS PER EMPLOYEE PER DAY*	REGULAR		OVERTIME	
	HRS	MIN	HRS	MIN

CLIENT: PLEASE WRITE TOTAL HOURS IN WORDS TO NEAREST QUARTER HOUR ABOVE

TOTAL HOURS

PLEASE PRINT NAME (CLIENT) | TITLE

AUTHORIZED SIGNATURE (CLIENT)
X

IS THIS EMPLOYEE CONTINUING THIS ASSIGNMENT? ☐ YES ☐ NO

IMPORTANT FOR CLIENT: BY EXECUTION OF THIS FORM, CLIENT CERTIFIES THAT: HOURS SHOWN ARE CORRECT; WORK WAS DONE SATISFACTORILY; AND THAT CLIENT AGREES TO THE TERMS AND CONDITIONS ON THE REVERSE SIDE OF THIS FORM. PLEASE DRAW LINE THROUGH UNUSED SPACES ABOVE.

WHSE. # 33040 REV. 8/00

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