


**METROPOLITAN  
TEMPORALITIES**
**110 East 42nd Street, New York, NY 10017 • Tel. 212-983-6060**
**EMPLOYEE PLEASE COMPLETE**

EMPLOYEE'S NAME		SOCIAL SECURITY #				
WEEK ENDING DATE (SUNDAY)		DEPARTMENT				
DAY	DATE	START TIME	FINISH TIME	(-LESS) LUNCH TIME	TOTAL REG. TIME	TOTAL OVERTIME
MON						
TUE						
WED						
THUR						
FRI						
SAT						
SUN						
<b>FOUR (4) HOUR MIN. PER DAY</b> ASSIGNMENT COMPLETED <input type="checkbox"/> YES <input type="checkbox"/> NO						
IF YES, DATE OF COMPLETION _____						
ARE YOU AVAILABLE FOR WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> MAIL MY CHECK <input type="checkbox"/> HOLD MY CHECK						
EMPLOYEE SIGNATURE						TOTAL REG. TIME TOTAL O.T. TIME NEAREST 1/4 HOUR

**CLIENT PLEASE COMPLETE**

CLIENT COMPANY	
ADDRESS	PRINT NAME OF PERSON WORKED FOR
1 I certify that the total hours shown are true and correct, and this signature is authorization to bill the named company for these hours. 2 We understand that the temporary employee named above is a direct employee of Metropolitan and represents a substantial investment to the firm. We agree that for a period of 180 days after completion of his or her assignment with us, we will not hire directly or through another temporary service firm this person in connection with whose assignment we are completing this time slip unless we reimburse Metropolitan Temporalities 250 hours at current Billing Rate in liquidated damages, for replacement cost, for like personnel	
WRITE IN TOTAL HOURS WORKED	
AUTHORIZED SIGNATURE	TITLE
PRINT AUTHORIZED SIGNATURE	