

*doyle*® *personnel services, inc*

1140 connecticut avenue, nw, suite 500, washington, dc 20036

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PLEASE COMPLETE ALL PORTIONS TO INSURE A PROMPT PAY CHECK WEEK ENDING SATURDAY

COPY YOUR SOCIAL SECURITY NO. HERE		MONTH	SAT DATE	YEAR

COMPANY WORKED FOR

NEW ADDRESS? IF SO CHECK HERE  <input type="checkbox"/>	NAME (PLEASE PRINT OR TYPE HERE)
	STREET ADDRESS
	CITY STATE ZIP

DAY	DATE	TIME STARTED	TIME FINISHED	LESS MEAL TIME	REGULAR HOURS	OVERTIME HOURS
SUN						
MON						
TUES						
WED						
THUR						
FRI						
SAT						
TOTAL HOURS (To the nearest 1/2 hr):				STRAIGHT TIME: _____ HOURS		
				OVERTIME: _____ HOURS		

It is hereby certified that the above hours both overtime (if any) are correct and that the work was performed in a satisfactory manner. We understand that the services provided by "doyle temps" are made possible only as a result of sustained expenses and advertising, testing, screening and training large staff of personnel. We agree, therefore, in consideration of this service being made available to us, that if the above named "Applicant/Independent Contractor" becomes employed by our firm, on a full-time, part-time or temporary basis, within twelve (12) months following this date, a release charge or settlement fee will be in order.

I CERTIFY THAT I HAVE WORKED THE DAYS AND TIME SHOWN	SUPERVISOR'S SIGN.
APPLICANT'S SIGNATURE	

Check box to have paycheck mailed.