COLUMBUS BAR SERVICES, INC.

WEEKLY TIME REPORT

Firm Name:_____

Firm Address: _____

Temp Name: _____

Temp Address:_____

Temp Social Security No.:_____-_____-_____

Week Ending:_____/_____/_____ Hourly Rate of Pay $: _____._____

Will this assignment continue? _____ Yes _____ No (assignment completed) _____ Unknown

Date	Day	In	Lunch/Break	Out	Total Hours
	Mon				
	Tues				
	Wed				
	Thurs				
	Fri				
	Sat				

Interoffice Use Only:

_____ FD @ _____ = _____
_____ HD @ _____ = _____ INV. # _____

TOTAL INVOICE - $_____

TOTAL HOURS: _____

WAGES DUE: _____

The undersigned certifies that the hours shown above are an accurate accounting of hours worked and do not include lunch or break periods when no work was performed.

_____
Temp Signature Date

_____
Administrator/Authorized Signature

_____
Print Name Date

The Temp is instructed to present a Weekly Time Report to the Firm/Employer at the end of each work week to receive payment for wages and fax (614.221.4850) or mail a copy of each time report to: Columbus Bar Services, Inc., Attn: Temporary Placement Services, 175 S. Third Street, Suite 1100, Columbus, OH 43215-5193.