## **EMPLOYMENT SOLUTIONS, INC.**

2900 Horizon Drive, Suite 18 Bryant, AR 72022

Phone (501) 847-5800 Fax (501) 847-5805

FIRM

of invoice.

ADDRESS CITY - STATE				
ATTENTION				
EMPLOYEE SIGNATURE		·	***************************************	
I certify that I have wo	rked the hour	s listed on this	s time sheet.	
DAY	HOURS TO NEAREST 1/4 HOUR			TOTAL
	START	FINISH	LESS LUNCH	HOURS
MONDAY				
TUESDAY				
WEDNESDAY				
THURSDAY				
FRIDAY				
SATURDAY				
SUNDAY				
Week Ending Sunday MONTH DAY YEAR TOTAL HOURS (DO NOT INCLUDE LUNCH TIME)				
It is hereby certified Employment Solution	that the abov	e hours are c	orrect. We ag	ree to pay

DATE SUPERVISOR'S SIGNATURE

will pay a service fee to Employment Solutions, Inc.

The service we render is made possible only by a substantial investment in advertising, testing, and training a large staff of personnel. Therefore, in consideration for this service being made available to us, we agree, that in the event the above named employee becomes employed by us before the contract period is completed, we

TITLE