



**Talent Solutions Inc.**

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COMPANY NAME (PLEASE PRINT)

ADDRESS CITY

REPORT TO DEPT. WEEK ENDING / /

DAY	DATE	TIME IN	TIME OUT	LESS LUNCH	TOTAL HOURS
MON	· · ·				
TUES	· · ·				
WED	· · ·				
THUR	· · ·				
FRI	· · ·				
SAT	· · ·				
SUN	· · ·				

CLIENT NOTE TOTAL HOURS (IN WORDS) HOURS NEAREST 1/4 HOUR TOTAL HOURS

COMMENTS:

*I hereby certify that the hours shown were worked by me during the week ending shown above, and were properly certified by an authorized representative of the company named above. Employee certifies no accident or injury was sustained while working on the assignment unless so noted in the comments section above.*

EMPLOYEE NAME (PRINT) EMPLOYEE SIGNATURE

IMPORTANT FOR CLIENT: Execution of this form by the client constitutes a certification that the TOTAL hours listed are correct as stated, that the work was performed in a satisfactory manner and agreement by the Client to the TERMS and CONDITIONS printed on the reverse side of this form. PLEASE DO NOT ADVANCE MONIES TO EMPLOYEES.

CLIENT NAME (PRINT) CLIENT SIGNATURE OF ACCEPTANCE AUTHORIZED SIGNATURE

SEE REVERSE SIDE FOR TERMS

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