



IN **Perrysburg** Fax To: **419.254.2917**  
 DELIVER, MAIL OR FAX BY:  
 MONDAY AT 5:00 P.M.

Customer Name	
Address	
Week Ending Date	Are You Returning To This Assignment YES <input type="checkbox"/> NO <input type="checkbox"/>

I hereby certify that the hours shown hereon were worked by me during the week ending and were certified by an authorized representative of the Customer. I understand that I am to contact the RENHILL GROUP office after completing this assignment to discuss another assignment; and, if I do not do so, RENHILL GROUP may assume that I am not then available for work and have voluntarily left their employment.

Employee Name (Print)						
Day	Date	Time Started	Time Finished	Less Lunch Period	Total Hours	
Sun.						
Mon.						
Tues.						
Wed.						
Thur.						
Fri.						
Sat.						
Hours To Be Shown To Nearest Quarter Hour					Total Hours For Week	

I am an authorized representative of the above named Customer. By signing this, I certify that the Renhill Employee named above worked the number of hours as itemized above and that their work performance was satisfactory.

Pursuant to any agreement between Renhill Group and the above named Customer, I further understand the above named employee will be paid from this document and the above named Customer will be invoiced from this document.

Should you have any questions regarding any of the above, please contact your Renhill Account Manager.

SIGNATURE	
TITLE	

Corporate Office  
 Renhill Group  
 28315 Kensington Lane Suite B  
 Perrysburg, Ohio 43551



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