



WOLVERINE MEDICAL INDIVIDUAL TIME SHEET

248-358-4270
248-358-3021 fax

recruit@wolverinestaffing.com
wolverinestaffing.com

PLEASE PRINT CLEARLY
REPORT ALL TIME TO THE NEAREST 15 MINUTES

Original to Wolverine
Copy to Client

DATE	DAY	AM		PM		DAILY TOTALS	SUPVR.'S INITIALS
		IN	OUT	IN	OUT		
	SAT						
	SUN						
	MON						
	TUE						
	WED						
	THU						
	FRI						
WEEK ENDING FRIDAY				WEEKLY TOTAL			

____/____/20____

EMPLOYEE NAME (PLEASE PRINT)

COMPANY/FACILITY ASSIGNED (PLEASE PRINT)

EMPLOYEE SIGNATURE/CERTIFICATION

(I CERTIFY THAT I HAVE WORKED THE HOURS LISTED ON THIS TIME SHEET)

SUPERVISOR'S SIGNATURE

CLIENT REPRESENTATIVE (I CERTIFY THAT THE HOURS SHOWN ON THIS TIME SHEET ARE CORRECT AND I HEREBY AUTHORIZE PAYMENT FOR SAME)

TO EMPLOYEE:

Wolverine's work week ends each Friday. Weekend hours should be reported for the following week. Each Friday afternoon fill out the number of total hours worked for the week, get the proper signature and drop your time sheet off or send it in to the Wolverine office. **YOUR PAYCHECK WILL BE DELAYED IF YOUR TIME SHEET IS NOT RECEIVED BY WOLVERINE ON MONDAY FOR PAYMENT ON FRIDAY.** Each week a separate time sheet must be used, even if you're on the same assignment. A separate time sheet must also be used if you work for different clients.

TO CLIENT:

Wolverine personnel may not be contacted directly for permanent or temporary employment within one year following the last work period unless liquidated damages or continuance of the temporary service is paid by the client firm.

Terms of payment are due upon receipt, unless otherwise agreed in writing. A monthly time-price deferral of 1.67% of the outstanding balance (20% annually) will be assessed on all charges not paid within thirty (30) days of the invoice date.

All employees are paid overtime for hours worked in excess of 40 hours per week.

The Client Representative signing this form for the Client has full authority to bind the client.

Client agrees that it is solely responsible for verifying the employee's hours. Client may correct information on this form no later than 5:00p.m. of the Tuesday following the payroll period. Client agrees that it is liable for all charges relating to payment of any wages based on any time sheet signed by client and not corrected by the client within this period.

DATE

DATE