

TIME RECORD



	Week Ending Date SATURDAY
Your Name (Please Print Above)	Month / Day / Year

	DATE	TIME IN	TIME OUT		TIME IN	TIME OUT	DAILY TOTAL
S				**			
M				B			
T				R			
W				E			
TH				A			
F				K			
S				**			

Contractor Instructions:

1. Write clearly (black ink). Fill out the form **completely**
2. Use the nearest quarter hour in decimals (15 min = .25)
3. Obtain supervisor's signature
4. Fax to **206.326.5270** or 206.223.8227
5. Fax by **NOON Monday** following the Saturday week ending date
6. Notify Parker of your availability

Client Instructions:

1. Please verify the hours
2. Sign and retain a copy

Regular Hours
Hours Over Forty

CONTRACTOR'S SIGNATURE _____ DATE _____

SUPERVISOR'S SIGNATURE _____ DATE _____

PRINT NAME _____

PRINT NAME _____

Terms:

I verify that the hours indicated as worked for the Client are true and correct.

I understand that for one hundred and eighty (180) days after my assignment ends, I may not perform any further services for this Client without written approval from Parker.

I understand that time records received by Parker after 12:00PM on Monday will be processed the following Monday.

Terms:

I verify that I am authorized to approve this time record and agree that the hours are accurate.

I understand that for one hundred eighty days (180) after this assignment ends, a conversion fee is due to Parker if we directly hire, use as a consultant, refer to another staffing company or otherwise employ or contract with this Contractor.

I understand that Parker will invoice me for services provided by this Contractor and that payment is due upon receipt.

Contact Info:
 605 Fifth Ave S, Ste 850
 Seattle, WA 98104
 Phone: 206-447-9447
 Fax: 206-326-5270
 Alternate Fax: 206-223-8227