

houston city personnel

personnel & temporaries

PHONE: 713-784-0656

FAX TO: 713-784-0119

MAIL TO:

P.O. Box 570247

Houston, Texas 77257-0247

DROP OFF:

2401 Fountainview, Suite 610

Drop Box near front entrance to building

EMPLOYEE NAME (PRINT)	
SOCIAL SECURITY NUMBER	JOB ORDER #
CLIENT COMPANY NAME	
CLIENT REPRESENTATIVE	
CLIENT ADDRESS	CITY, STATE, ZIP

TOTAL HOURS TO NEAREST 1/4 HOUR OVERTIME PAID AFTER 40 HRS WITHIN A MONDAY - SUNDAY WEEK							
	DATE	TIME IN	LUNCH OUT	LUNCH IN	TIME OUT	REG. HRS.	O/T HOURS
MON							X
TUES							
WED							
THUR							
FRI							
SAT							
SUN							
	WEEK ENDING DATE (SUNDAY)			TOTAL HOURS FOR WEEK			

CLIENT COMPANY AGREEMENT	EMPLOYEE AGREEMENT
<p>It is understood and agreed that the undersigned is an authorized representative of the Company, and hereby certifies that the above hours are correct and that the work was performed satisfactorily. We understand that the employee of Houston City Temporaries is referred to us on a temporary basis and may be seeking permanent employment. If our company, and affiliate or subsidiary, or outside company that has learned of this employee through us, employs this person on a temporary or permanent basis within 6 months after ending an assignment, a fee will be due (this includes going through another temporary or outsourcing service). We agree to pay Houston City Personnel Group its fee in accordance with the published schedule (see page 2) in effect at Houston City Personnel Group. I also confirm the client's agreement to the terms listed on the second page of this form.</p> <hr/> <p>CLIENT SIGNATURE</p> <hr/> <p>PRINTED NAME OF PERSON SIGNING</p> <hr/> <p>TITLE DATE</p> <hr/> <p>OVERTIME APPROVED <input type="checkbox"/> YES <input type="checkbox"/> NO # OF O.T. HOURS APPROVED <input style="width: 50px;" type="text"/></p> <hr/> <p>OVERTIME APPROVAL SIGNATURE</p>	<p>I certify that I worked the hours shown on this timesheet on the days indicated and that this timesheet has been certified by a person that I believe is an authorized representative of the Client. I will contact Houston City Temporaries after completing this assignment, and once a week thereafter. I understand that if I do not do so, Houston City Temporaries will assume that I am unavailable for work and that this could jeopardize my employment benefits. I acknowledge that notices pertaining to my employment are posted at Houston City Temporaries' office.</p> <hr/> <p>SIGNATURE OF EMPLOYEE</p> <p style="text-align: center; font-size: small;">I certify that I have read and understand Houston City Temporaries Payroll Procedures.</p> <hr/> <p>PRINTED NAME OF EMPLOYEE</p> <p><input type="checkbox"/> DIRECT DEPOSIT / MAIL STUB</p> <p><input type="checkbox"/> I WILL PICK UP MY CHECK</p> <p><input type="checkbox"/> PLEASE MAIL MY CHECK (INDICATE ADDRESS IF NEW)</p> <p><input type="checkbox"/> PLEASE CHANGE MY ADDRESS</p> <hr/> <p>_____</p> <hr/> <p>_____</p> <hr/> <p>_____</p>