



TEL: 770-6918
 FAX: 777-TEMP
 Web: www.temphelp.ca

Copie Électronique Seulement
Electronic Copy Only

NOM ET ADRESSE DU CLIENT: NAME AND ADDRESS OF CUTOMER:	DATE		A.M.		P.M.		HEURES TOTALES DAILY HOURS	
			ENTRÉE IN	SORTIE OUT	ENTRÉE IN	SORTIE OUT		
		L M O N N						
		M T A U R S						
EMPLOYÉ ASSIGNÉ: ASSIGNED EMPLOYEE:		M W E E R D						
SE RAPPORTER À: REPORT TO:		J T E H U U						
SEMAINE FINISSANT LE: WEEK ENDING:		V F E R N I						
TEMPS DE TRAVAIL ACCEPTÉ POUR PAIEMENT ET FACTURATION. TIME WORKED APPROVED FOR PAYMENT AND INVOICING.		S S A A M T						
		D S I U M N						
	SIGNATURE DU CLIENT - CLIENT'S SIGNATURE	EMPLOYÉ EMPLOYEE APPARANCE	BON GOOD BON	MOYEN FAIR MOYEN	NON SATISFAISANT UNSATISFACTORY NON SATISFAISANT	HEURS TOTALES TOTAL HOURS		
		APPEARANCE	GOOD	FAIR	UNSATISFACTORY			

TAUX MINIMUM PAR JOUR 4H - MINIMUM CHARGE PER DAY 4 HRS

LE TRAVAIL CONTINUE:
ASSIGNMENT CONTINUING:

TRAVAIL FINI:
ASSIGNMENT COMPLETED:

↑ CLIENT - RETENIR CETTE COPIE S.V.P. - PLEASE RETAIN THIS COPY ↑



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