



**TIME TICKET**

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**PLEASE FAX OR E-MAIL A COPY OF THIS FORM TO OUR PAYROLL DEPARTMENT BEFORE NOON MONDAY.**

EMPLOYEE NAME \_\_\_\_\_

TITLE \_\_\_\_\_

As a representative of \_\_\_\_\_ CLIENT

we agree to not directly hire this person until s/he has fulfilled your contractual obligation through Staff One, Ltd.

\_\_\_\_\_  
MANAGER'S SIGNATURE

| DAY                      | DATE | TIME IN | TIME OUT | LESS MEALTIME    | HOURS |
|--------------------------|------|---------|----------|------------------|-------|
| SUNDAY                   |      |         |          |                  |       |
| MONDAY                   |      |         |          |                  |       |
| TUESDAY                  |      |         |          |                  |       |
| WEDNESDAY                |      |         |          |                  |       |
| THURSDAY                 |      |         |          |                  |       |
| FRIDAY                   |      |         |          |                  |       |
| SATURDAY                 |      |         |          |                  |       |
|                          |      |         |          | TOTAL HOURS      |       |
| EMPLOYEE SIGNATURE _____ |      |         |          | STRAIGHT TIME    |       |
|                          |      |         |          | TIME OVER 40 HRS |       |