

Timeslip Week Ending Sunday

(for Manpower Associates)



Manpower®

ASSOCIATE NAME:	ASSIGNMENT #:
COMPANY / WORKSITE:	SUPERVISOR:
LOCATION / ADDRESS:	

DAY	DATE (mm/dd)	TIME IN	TIME OUT	LESS LUNCH	TOTAL HOURS
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					

WEEK ENDING
DATE (SUN.)

TOTAL HOURS
FOR WEEK

I hereby certify that the hours were worked by me during the week ending designated, and were verified by an authorized representative of the company to which I am assigned. I understand that I am to contact the Manpower office after completing this assignment to discuss another assignment, and, if I do not do so without good cause, Manpower may assume that I am not then available for work and unemployment benefits may be denied. Furthermore, while on this assignment, I have not had or witnessed any work-related injuries or illnesses that have not been reported to Manpower.

ASSOCIATE SIGNATURE:	SSN (LAST 4 DIGITS):
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CUSTOMER APPROVAL

Please note there is a four (4) hour minimum per associate per day. If needed, please cross out any days not worked by associate. Approval includes verification of hours worked and acceptance of terms and conditions established during the new customer business partnership process.

SIGNATURE:

DATE:

TIMESLIPS MAY BE: 1. emailed to accounting@manpowermi.com; 2. faxed to 734-665-4377; 3. dropped off at either location (use the mail slot after-hours); 4. submitted via our website* at www.manpowermi.com; or 5. mailed to either office (we cannot guarantee it will arrive before Monday at 5pm).

**Please remember that use of your cell phone during work hours at a customer site, including using it to submit your timeslip, is contrary to Manpower policy. If you submit your timeslip to Manpower using your cell phone, please do so during your break or before/after your shift and in accordance with any customer-specific policy about cell phone use at their site. Thank you for your continued support and assistance!*

MANPOWER, INC. OF SOUTHEASTERN MICHIGAN
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