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|---------------|-------------|
| Employee: | Company: |
| Home Address: | Address: |
| | Supervisor: |
| Phone: | Phone: |

Important Timesheet Information:

1. **Please fax timesheet signed by both the supervisor and the employee to 312.368.1868 before Monday at 1:00pm.**
2. Please call the receptionist at Mack & Associates, Ltd after faxing it to verify that it has been received.
3. The fax machine is available 24 hours a day, 7 days a week.
4. **Checks are prepared weekly and are available for pick-up after 1:00pm on Wednesday**, photo identification required.
5. The paycheck will reflect hours worked the previous week.

| | Date | Time Start | Time End | Less Lunch | Day Total |
|------------------|------|------------|----------|--------------------|-----------|
| <i>Monday</i> | | | | | |
| <i>Tuesday</i> | | | | | |
| <i>Wednesday</i> | | | | | |
| <i>Thursday</i> | | | | | |
| <i>Friday</i> | | | | | |
| <i>Saturday</i> | | | | | |
| <i>Sunday</i> | | | | | |
| Circle One: | Mail | Pick up | | Total Hours | |

I hereby certify that the hours indicated were worked by me during the week ending as of the date shown above and were properly certified by an authorized representative of the company named above. Upon completion of my assignment, I agree to so inform Mack & Associates, Ltd. and advise whether or not I am available for other work. If I fail to do so, Mack & Associates, Ltd. can assume that I am not ready, willing, or able to work.

Employee Signature _____ Date _____

The undersigned acknowledges that: (1) Mack & Associates, Ltd. Standard Terms & Conditions, dated December 2005, are incorporated herein by reference; and (2) that the hours listed are correct and that the work was performed in a satisfactory manner.

Supervisor Signature _____ Date _____

(FAX) 312.368.1868

Please call the Receptionist at 312.368.0677 after faxing it to verify that it has been received.