



Temporary Worker Name _____
 Client _____
 Location of Job _____
 Telephone / Fax No _____ Fax: _____

MONTH WORKED:

	Monday	Tuesday	Wednesday	Thursday	Friday
Week 1					
Week 2					
Week 3					
Week 4					
Week 5					

Simply place a check mark for every day that you work and indicate overtime hours in the overtime field.

Signed on behalf of client by _____
 Department & Position _____
 Date _____
 Any additional comments by client or candidate: _____

Company Stamp if any:

Please note that this document is subject to the Terms of Business of Regency Recruitment, which can be provided upon request. Signature of this document is agreement to pay in full and according to the Terms of Business. Please fax to Regency Recruitment on 625-8655 when completed and call us at 625-6225 to confirm it has been received. Thank you.

FOR REGENCY RECRUITMENT USE ONLY:			
Cand. Rate	Gross	NIS Employer:	Employee: